970521 1

## REPORT DOCUMENTATION PAGE

Form Approved OMB No. 0704-0188

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503.

1. AGENCY USE ONLY (Leave blank)

2. REPORT DATE

3. REPORT TYPE AND DATES COVERED

Final - Oct. 1, 1987 - March 31, 1992

4. TITLE AND SUBTITLE

Increasing the Participation of Historically Black Colleges and Universities and Minority Institutions in Department of Defense Activities

5. FUNDING NUMBERS

N00014-87-J-1270 MODIFICATION NO.: P00003

AGO CODE: N66002 ONR CODE: 1121RS

CAGE CODE:

6. AUTHOR(S)

Samuel L. Myers Julia C. Elam Hanna Brown

7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)

National Association for Equal Opportunity in Higher Education (NAFEO)

400 - 12th Street, NE Washington, DC 20002

8. PERFORMING ORGANIZATION REPORT NUMBER

6042

9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)

Mrs. Tracey Pinson Dennis Small & Disad. Bus. Utiliz.

Office of the Secretary of Defense Office of Naval Research Pentagon 2A340

Washington, DC 20301-3061

Mr. Charles Luther Scientific Officer

800 N. Quincy Street Arlington, VA 22217-5000 10. SPONSORING/MONITORING

AGENCY REPORT NUMBER

11. SUPPLEMENTARY NOTES

12a. DISTRIBUTION/AVAILABILITY STATEMENT

DISTRIBUTION STATEMENT A

Approved has public releases Directions Understood

12b. DISTRIBUTION CODE

13. ABSTRACT (Maximum 200 words)

Public Availability

The primary intent of this project is to assist the historically black colleges and universities & other minority institutions (HBCUs/MIs) in becoming more competitive in the Department of Defense procurement arena through a variety of activities, including institutional marketing; the preparation of guides, catalogs, compendia, etc for educating DoD and its primes about the HBCUs/MIs and for educating the HBCUs/ MIs about DoD program opportunities and how DoD operates; grant and contract management; dissemination of information (DoD and DoD-related); the scanning and dissemination of grant and contract opportunities to the HBCUs/MIs as announced in the Commerce Business Daily, and the facilitation of partnerships between the HBCUs/MIs and Industry and between the HBCUs/MIs and Major Research Institutions.

14. SUBJECT TERMS

15. NUMBER OF PAGES

16. PRICE CODE

17. SECURITY CLASSIFICATION OF REPORT Unclassified

SECURITY CLASSIFICATION OF THIS PAGE Unclassified

SECURITY CLASSIFICATION OF ABSTRACT Unclassified

20. LIMITATION OF ABSTRACT

NSN 7540-01-280-5500

Standard Form 298 (Rev. 2-89) Prescribed by ANSI Std. 239-16

# DISCLAIMER NOTICE



THIS DOCUMENT IS BEST QUALITY AVAILABLE. THE COPY FURNISHED TO DTIC CONTAINED A SIGNIFICANT NUMBER OF PAGES WHICH DO NOT REPRODUCE LEGIBLY.

Z. PAGES CASH K ACCRUAL TELEPHONE (Area code, number and extension) 420-92 1,541,199 499,923 1,541,199 1,541,199 2,041,122 1,541,199 2,041,122 DATE REPORT SUBMITTED TOTAL PAGE 7. BASIS TO (Month, day, year) 9-29-89 OMB Approved No. 80-R0180 PERIOD COVERED BY THIS REPORT § □ SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 537,312 Indirect 342,459 342,459 342,459 342,459 537,312 5. RECIPIENT ACCOUNT NUMBER OR IDENTIFYING NUMBER 6. FINAL REPORT A Samuel L. Myers 1. FEDERAL AGENCY AND ORGANIZATIONAL, ELEMENT TO WHICH REPORT IS SUBMITTED 2. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER costs N00014-87-J-1270 S contractors FROM (Month, day, year) 9-30-87 Ċ 529,848 529,848 534,000 529,848 534,000 529,848 -qns Printing/Dist() Conferences (e) inv./newslet.workshops/tray. lief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents. I certify to the best of my knowledge and be-123,669 171,300 123,669 123,669 123,669 171,300 47,631 TO (Month. day, year) PROJECT/GRANT PERIOD (See instructions) 9-29-89 STATUS OF FUNDS 13. CERTIFICATION Department of the Navy 49,500 49,500 50,107 50,107 50,107 50,107 (209) 4. EMPLOYER IDENTIFICATION NUMBER ાનું PROVISIONAL R PREDETERMINED | FINAL | FIXED 12. REMARKS. Attach any explanations demons necessary or information required by Federal sponsoring agency in compliance with Rates are adjusted at audit each fiscal year 6/30. 4 e. FEDERAL SHARE 342,459 FROM (Month, day, year) 23-7439804 9-30-87 Other Direct 136,506 84,279 84,279 84,279 136,506 84,279 52,227 3 d. TOTAL AMOUNT Personnel costs National Association for Equal Opport. 3. RECIPIENT ORGANIZATION (Name and compley, address, including ZIP code) 612,504 201,667 410,837 612,504 410,837 410,837 410,837 ı FINANCIAL STATUS REPORT (Follow instructions on the back) ઉ PROGRAMS/FUNCTIONS/ACTIVITIES 1> (Place "X" in appropriate box; 400 12th Street, NE Washington, D.C. 20002 Federal share of unliquidated obligations Total cumulative amount of Federal funds in Higher Education c. BASE Less: Non-Federal share of unliquidated Unobligated balance of Federal funds Less: Non-Federal share of outlays Total Federal share of outlays and unliquidated obligations lays previously reported Total out ays this report period Less: Program income credits Total unliquidated obligations Total Federal share of outlays Net outlays this report period obligations shown on line h (Line e minus line f) a. TYPE OF RATE (Line b minus line c) Net outlays to date (Line a plus line d) b. RATE authorized 11. INDIRECT EXPENSE 10. Ė

<del>ن</del> ا ن

اخرد

ď

نب ьò اند

....

ند نـ

STANDARD FORM 269 (7–76)
Prescribed by Office of Management and Budget
Cir. No. A-110

269-101

(202)543 - 9111

# FINANCIAL STATUS REPORT (Long Form) (Follow instructions on the back)

1 Federal Ac	and Organizational Flores		w manachons					
to which	ency and Organizational Element Report is Submitted ment of the Navy	, B	y Federal Agen	•	imber Assigned	OMB Appro No. 0348-003		of
		NU	0014-87-				39 1	1 pages
400 1	Organization (Name and completed nal Association 2th Street, NE		g ZIP code) Opportu	nity in Hi	gher Edu	cation		
	ngton, D.C. 2000 dentification Number		unt Number au	dentifying Number				
23-743		3. Necipient Acco	unt Number or	dentifying Number	6. Final Repo	nrt No	7. Basis	Accrual
8. Funding/Gra From: (Mo 9	ant Period (See Instructions) nth, Day, Year) -30-87	To: (Month, Day	′8 g ear)	9. Period Covered From: (Month, 9-30	Day, Year)		Month, Day 9-29-8	r. Year)
10. Transaction	is:	<u></u>	*	! Previously Reporte	ed This P	eriod	III Cumulat	
a. Total o	outlays				171107	01100	Carnulat	Ve
b. Refund	ds, rebates, etc.						1,541	199
c. Progra	m income used in accordance v	vith the deduction a	lternative					
d. Net ou	itlays (Line a, less the sum of l	ines b and c)	· · · · · · · · · · · · · · · · · · ·					
Recipient's sh	nare of net outlays, consisting	g of:					1,541,	199
	party (in-kind) contributions Federal awards authorized to be	used to match this	award					
g. Progra	m income used in accordance w							
	er recipient outlays not shown or	n lines e, f or g					<del></del>	
i. Total re	ecipient share of net outlays (Su	m of lines e, f, g a	and h)					
j. Federa	I share of net outlays (line d less	s line i)						
k. Total u	nliquidated obligations						1,541,	199
I. Recipie	nt's share of unliquidated obliga	ions						
m. Federal	share of unliquidated obligation	s	·					
n. Total fe	deral share (sum of lines j and r	n)	·				1 541	100
o. Total fe	deral funds authorized for this fu	unding period					1,541,	199
p. Unoblig	ated balance of federal funds (L	ine o minus line n)	)				2,041,	122
rogram Incom q. Disburse	ne, consisting of: ed program income shown on lin	oos o and/or o abou					499.	923
	ed program income using the ad		'e					
s. Undisbu	rsed program income							
t. Total pr	ogram income realized (Sum of	lines q, r and s)		44				
. Indiana	a. Type of Rate (Place "X" Provisiona	' in appropriate bo	ox) ☐ Predetermi	ned I	Final	The same of the sa	marte Med at -	m. v. 4
1. Indirect Expense	b. Rate 35.73	c. Base		d. Total Amou	int	e Federal	Share	
	Attach any explanations deam egislation. are adjusted at	ed necessary or II		uired by Federal sp	onsoring agent	342, cy in complia	459 nce with	
3. Certification:	I certify to the best of my unliquidated obligations	knowledge and b are for the purpo	elief that this	report is correct a	and complete a	nd that all o	ıtlays and	
yped or Printed	Name and Title	,				rea code, nur	nber and ext	ension)
Samue		ident				43-9111		
gnature of Auth	orized Certifying Official				Date Report S			$\neg$
evious Editions n	ot Usable		269-103		4/15			
SN 7540-01-012-4	1285		209-103			Standard I	orm 269 (R	EV 4-88)

NTRA	CT COMPLETION STA	TEMENT	
1. FROM: (Contract Administration Office)  Office of Naval Research  Atlanta Regional Office		22. PH NUMBER  DAAH04-93-G-0409	
101 Marietta Tower Suite 2805 101 Marietta Street		25. LAST MODIFICATION NUMBER N/A	
Atlanta, GA 30303-0008		2€. CALL/ORDER NUMBER	
2. TO: (Name and Address of Purchasing Office and Office symbol of the PCO, If known)		4. CONTRACTOR IDENTITY CODE AND AD The Johns Hopkins	
Defense Accounting Office CM#3, Room 206, Attn: Code 40 Washington, D.C. 20371-5400		105 Ames Hall Baltimore, MD 212	
		5. EXCESS FUNDS  \$	YES XX NO
6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b AND 6c.	6b. VOUCHER NUMBER		6c. DATE
7a. IF FINAL APPROVED INVOICE FORWARDED TO D.O. OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b. AND 7c.	7b. INVOICE NUMBER		7c. DATE FORWARDED
\$ 52,000.0 \$ 52,000.0 \$ 0.0	00 Total Amount Bi	bligated to Grant lled	
9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEE	N FULLY AND SATISFACTOR	ILY ACCOMPLISHED. THIS INCL	UDES FINAL SETTLEMENT IN
THE CASE OF A PRICE REVISION CONTRACT.  9b. TYPED NAME OF RESPONSIBLE OFFICIAL  Mr. Douglas Heaton  ACO	9c. SIGNATURE	E. Haton	9d. DATE 6 TVW. 26
FOR PU	RCHASING OFFICE US	E ONLY	
10a. ALL PURCHASING OFFICE ACTIONS REQUIRE CONTRACT FILE OF THIS OFFICE IS HEREBY CLOSI  DATE SHOWN IN ITEM 9d ABOVE  DATE SHOWN IN ITEM 10e BELO office action extends more than three cases, submit a copy of the complete contract administration office. (Upo close-out date accordingly.))	ED AS OF: W (Check this box oni ee months beyond clo ted form upon final acc	y if final completion of any se-out date shown in item omplishment of all purch	v significant purchasing 9 9d. above. In such asing office actions to the
10b. REMARKS			
10c. TYPED NAME OF RESPONSIBLE OFFICIAL	10d. SIGNATURE		10e. DATE
D FORM 1594 1 FEB 70	REPLACES EDITION	OF 1 JUN 68 WHICH IS OB	SOLETE

## FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

. Federa Agency i U Whan Rep	and Organizational Element ortis Submitted		Federal Grant or O     Sy Federal Agency	ither Identifying Numb (	[140	48- <b>003</b> 9		1
U.S. Army	Research Offic	e	DAAH04-93-G	-0409			1	cedes
Johns Hop	zasch (Name and complete okins University Research Admini		1	05 Ames Hall/ altimore, Mar				et
1-5205951			-E83-2043	Identifying Number	6. Final Report		7. Basis	] Accruzi
From Wonn.		To: (Mont	h. Day, Year)	9. Penod Covered From: (Month,	Day, Year)	1	Month, Day	
08/20/19 10 Transactions:	<del>193</del>	1 00/13/	1334	Prevously Reported	II This Period		III Cumulat	we
a **cur oute				-0-	52,000	.00	52,000	0.00
	share of curays			-0-	52,000	.00	52,000	0.00
	quicated obligations							
. A Americant	t share of uniquidated oblig	ations					<u> </u>	
	spara of unliquidated obliga							
!	geral share (Sum of lines o					: • • • • • • • • • • • • • • • • • • •	52,000	2.00
SAME	entral terms authorized for t	his lunding p	enod	-			52,000	0.00
unobiga.	ated balanco of Federal lun					•••	·	
	a Type of Rate (Place	e "X" in app risional	propriete box)	termined	Final		Fixed	
11 indirect Expanse	b. Rate .665	1	Base 31,231,24	d. Total Ar 20,76	9 76	20	deral Share 758.76—	
12 Remarks 92/s/8000	Ameen any explanations d		essary or information	required by Federal	spansaring agen			
13. Ceruficasio	on: I certify to the best unliquidated obliga	of my know	ledge and belief tha ir the purposes set fo	t this report is correct this the sward de				
	ed Name and Title				Telephone			nd extension
R. Alan	Friend, Directo	or Cost	Analysis			-516-6] on Submitte		
Signazziu ol A	Friend, Director others of the control of the contr	, 7	Frier	lel		04/1996		
_/						Standar	rd Form 269	A (REV 4-8

DATE: May 30, 1996

#### **CLOSEOUT MEMORANDUM**

Subject Grant/Contract No.:_	DAAH04-93-G-0409	
Grantee/Contractor:	The Johns Hopkins University	

- 1. On the basis of the following information, the undersigned concludes that the subject grant may be closed out and total costs invoiced in the amount of \$52,000.00 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. The grant is under \$500,000.00. The Johns Hopkins University is a HHS cognizant institution. The basis for certifying cost is the cost analysis as explained in paragraph 4 below.
- 2. The subject grant began on 20 August 1993 and was completed on 19 August 1994. The total estimated cost of the grant was \$52,000.00.
- 3. The awardee has met all obligations under the referenced agreement including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the grant was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.
- 4. Total costs billed have been reviewed and the following observations and findings resulted:
- a. The HHS accepted A-110 audit covering the period of performance reported that the Grantee has a financial system in place that protects the interest of the Federal Government.
- b. Specific finding, with regard to the individual cost elements, are as follows:
  - (1) Direct Labor Amounts charged were in agreement with those initially proposed.
  - (2) Overhead Grantee charged the correct HHS negotiated on-campus rate.
  - (3) FringeBenefits Grantee charged the correct HHS negotiated rates.
  - (4) Materials/Supplies Grantee charged what was budgeted.
  - (5) Travel No travel was charged.
  - (6) Equipment Equipment was charged at budget.
  - (7) Other Direct Costs Were reasonable and accepted.

In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.

Ed Fadullon

ads Sr. Contract Specialist

CONTRACT	COMPLETION STAT	<b>TEMENT</b>	
1. FROM (Contract Administration Office)		2a. PII NUMBER	,2.
Office of Naval Research		N000	)14-95-1-0158
Atlanta Regional Office		2b. LAST MODIFICATION	N NUMBER
101 Marietta Street, Suite 2805			
Atlanta, GA 30323-0008		2c. CALL/ORDER NUMB	DED
(POC: DOUGLAS E. HEATON /404-730-9257)		26. CALLIONDEN NOME	EK
3. TO: (Name and Address of Purchasing Office and Office Symbols of	the PCO, if known)	4. CONTRACTING IDEN	
DEAG CHAIRMAN ON C	٦	00027.1107.1001.111	•
DFAS Charleston - OPLC		UNIVERSITY OF	DEI AWADE
Vendor Pay and Travel Division		ONIVERSITI OF	DELAWARE
Code (FP)			
P.O. Box 118054		5. EXCESS FUNDS	YES NO
Charleston, SC 29423-8054	1		\$0.00
6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b, AND 6c.	6b. VOUCHER NUMBER		6c. DATE
7a. IF FINAL APPROVED INVOICE FORWARDED TO D. O. OR ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b AND 7c.	7b. INVOICE NUMBER		7c. DATE FORWARD
8. REMARKS			
1. Performance on N00014-95-1-0158 for University	of Delaware is complete.	Forwarded for proce	essing are pertient closing
documents to support full payment of 7,629.00.	_	-	-
2. 7,629.00 Funds obligated by the Grant			
<b>7,629.00</b> Allowable costs (includes \$7,629.	.00 paid to date)		
\$ 0.00 Excess funds to be deobligated	•		
· - · · · · · · · · · · · · · · · · · ·			
Copy to: 21/822 (w/copy of closeout documents)			
9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEE FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONT		CCOMPLISHED. THIS IN	CLUDES
9b. TYPED NAME OF RESPONSIBLE OFFICIAL	9c. SIGNATURE	1/	9d. DATE
DOUGLAS E. HEATON		1/1-	11 7010 91
Administrative Contracting Officer	a dugles .	Laaron	11 JUN, 96
	IRCHASING OFFICE USE ONLY	Υ	
10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN F OF THIS OFFICE IS HEREBY CLOSED AS OF:	ULLY AND SATISFACTORILY ACC	OMPLISHED. CONTRAC	TFILE
DATE SHOWN IN ITEM 9d. ABOVE.			
☐ DATE SHOWN IN ITEM 10a. BELOW.			
action extends more than three months			
of the completed form upon final accon (Upon receipt, the contract administrati			
10b. REMARKS			,
TOU. REWARKS			
l .			
nvb			
10c. TYPED NAME OF RESPONSIBLE OFFICIAL	10d. SIGNATURE		10e. DATE

#### CLOSEOUT MEMORANDUM

Grant:

N00014-95-1-0158

Grantee: UNIVERSITY OF DELAWARE

- 1. On the basis of the following information, the undersigned concludes that the subject contract may be closed out and total costs invoiced in the amount of \$7,629.00 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. The certification of costs is based on a price analysis performed by the Administrative Grants Officer (AGO) as explained in paragraph 4 of this document. Any unpaid balances due to the awardee may be paid at this time.
- 2. The subject agreement began on 01 OCT 1994 and was completed on 30 SEP 1995. The total estimated cost of the agreement was \$7,629.00.
- 3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the contract was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.
- 4. Total costs billed have been reviewed, and I hereby certify, as AGO, that the total costs are reasonable, allowable and allocable. This price analysis shall serve in lieu of an contract audit closing statement.
- 5. Based on the statement contained in this memo and the supporting documentation, this agreement may be administratively closed.

DOULAS HEATON

Administrative Grants Officer

					1. SUSPENSE DATE	
. CON	NTRACT ADMINISTR	ATION COMPLE	TION RECORD		1. SUSPENSE DATE	
Office 101 Ma Suite	tment of the Navy e of Naval Resear arietta Tower 2805 ta, GA 30323-000	ch - Atlanta	1		3. CONTRACT NUMBER N00014-95-1-015	8
	ational element performing fund				5. NAME OF CONTRACTOR	
FILE	· · · · · · · · · · · · · · · · · · ·				UNIVERSITY OF DELAWA	RE
Request co the suspens date, a sub	rformed or terminated).  Iumn 6c or 6d and 6e and  se date indicated in item  beging closed is classified,	nd 6f be completed 1. If only an anti ction is required.	d with regard to th cipated date of co	e function mpletion o	eries or shipments have been not checked in column 6a and this frequired actions can be given RMATION COPY" to cognizant le	form returned by by the suspense
			STATUS OF ACTION(	S)		
"X" a	FUNCTION b	"X" IF REQUIRED ACTION(S) COMPLETED	ANTICIPATED DATE FOR COMPLETION OF ACTIO(S)		SIGNATURE e	DATE f
X	PROPERTY ADMINISTRATION	Х		bu	Jes E. Socoton	6 JUN 96
	PLANT CLEARANCE					
	CONTRACT TERMINATION					
	OTHER (Specify)					
7. REMARKS TITLE	TO PROPERTY WITH	THIS GRANT	VEST WITH TH	ie gran	TEE.	
8. TYPED NAME (	OF RESPONSIBLE OFFICIAL		9. SIGNATURE		·	10. DATE
						1

196



#### DEPARTMENT OF THE NAVY

OFFICE OF NAVAL RESEARCH 800 NORTH QUINCY STREET ARLINGTON, VA 22217-5660

IN REPLY REFER TO

5870 Ser OOCC1/296 3 May 96

From:

Chief of Naval Research

To:

Contracting Officer, ONRRO/Atlanta

Subj:

CONTRACT N00014-95-1-0158 WITH UNIVERSITY OF DELAWARE

Encl:

(1) DD Form 882 dtd 23 Apr 96

1. The Contractor's Final Report of Inventions and Subcontracts is acceptable and is returned herewith as enclosure (1).

WILLIAM F. McCARTHY

Associate Counsel/Senior

ONR Patent Attorney

Karp, Michael

DLWL

From:

Thurman, Barbara

To:

Karp, Michael

Subject:

FINAL TECHNICAL REPORT

Date: Monday, April 29, 1996 2:24PM

I have received a final technical report on N00014-95-1-0158 entitled "Bifurcation and Stability Analysis for Acoustic Ray Propagation in an Underwater Sound Channel" in the case of ROPO/Simmen. You may close out this grant.

Standard Form 269A		FINANCIAL STATUS	REPORT		
•		(Short Form)			
<ol> <li>Federal Agency &amp; Organ to Which Report is Subn Office of Naval Research</li> </ol>		Federal Grant or Other I Number Assigned by Fe	, -	OMB Approval No.	Page 1' of 1
Department of the Navy		N00014-95-1-0158		0348-0039	
	Name and complete a	ddress, including ZIP code	):		
	University of Delaware		,		
	Office of Sponsored Pr	ograms			
	Newark, DE 19716	3		1	
4. Employer Identification I	Vumber	5. Recipient Account/ID No	umber	6. Final Report	7. Basis
51-6000297		3-3-21-3501-	55	[X] Yes [] No	[X] Cash [] Accural
8. Funding/Grant Period			9. Period Covered by the	!	
From:	То:		From:	То:	
10/01/94	09/30/95		10/01/94	09/30/95	
10. Transactions:			1	П	III
			Previously Reported	This Period	Cumulative
a. Total outlays			\$0.00	\$7,629.00	\$7,629.00
b. Recipient share of ou	tlays	ere and reference	\$0.00	\$0.00	\$0.00
- F. danalahan at add			£0.00	\$7,600.00	<b>\$7</b> 600 00
c. Federal share of outla	ys		\$0.00	\$7,629.00	\$7,629.00
d. Total unliquidated ob	ligations				\$0.00
d. Total uniquidated ob	·				ψ0.00
e. Recipient share of unl	iquidated outlays				\$0.00
e. Necipient share of uni	iquidated odilays				ψ0.00
f. Federal share of unliqu	uidated outlavs				\$0.00
g. Total Federal share (S	Sum of lines c and f)				\$7,629.00
h. Total Federal funds a	uthorized for this fundi	ng period			\$7,629.00
		W			
i. Unobligated balance o	of Federal funds (line h	minus line g)			\$0.00
11. Indirect	a. Type of Rate				
Expense	[] Provisional [X] Pro	edetermined []Final []Fi	xed		
•	b. Rate	c. Base	d. Total Amount	e. Federal Share	
	51.9%	\$226.46	\$117.54	\$117.54	
12. Remarks	Final Expenditure Brea		ψ,17.54	ψ111.04	, Jan 1941
12. Hemaiks	•				
	Equipment	\$7,285.00			
	Supplies & Expenses	\$226.46			
	Indirect Cost	\$117.54			
Any questions concerning	g this report, please co	ontact Susan M. Tkachick (3	802) 831 – 2136	<u> </u>	
13. Certification:	l certify to the best o	of my knowledge and be	lief that this report is o	correct and complete	and that all outlays an
	unliquidated obligat	ions are for the purpose	s set forth in the awar	d documents.	
Typed or Printed Name an	d Title		Telephone		
Costel D. Denson, Vice Pro	ovost for Research		(302) 831 – 2136		
Signature of Authorized Co	ertifying Official		Date Report Submitted		
100			11/101		
19.Wh	te		4/23/96		

CONTRACT	COMPLETION STA	TEMENT	
FROM (Contract Administration Office)		2a. PII NUMBER	<i>7</i> *
Office of Naval Research		N000	14-91-J-1817
Atlanta Regional Office		2b. LAST MODIFICATION	NUMBER
101 Marietta Street, Suite 2805			P00004
Atlanta, GA 30323-0008			
(POC: B.COPELAND /404-730-9258)		2c. CALL/ORDER NUMB	ER
3. TO: (Name and Address of Purchasing Office and Office Symbols of	the PCO, if known)	4. CONTRACTING IDENT	
Γ	7 -		
DFAS Charleston - OPLC		DELAWARE STA	TE COLLECE
Vendor Pay and Travel Division		DELAWARE SIA	TE COLLEGE
Code (FP)			
P.O. Box 118054		5. EXCESS FUNDS	YES 🛛 NO
Charleston, SC 29423-8054	1		
L			
6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b, AND 6c.	6b. VOUCHER NUMBER		6c. DATE
7a. IF FINAL APPROVED INVOICE FORWARDED TO D. O.	7b. INVOICE NUMBER		7c. DATE FORWARD
OR ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b AND 7c.			
8. REMARKS			
1. Performance on N00014-91-J-1817 for Delaware	State College is complete	<ul> <li>Forwarded for proc</li> </ul>	essing are pertient closing
documents to support full payment of \$291,800.00.			
2. 291,800.00 Funds obligated by the Grant			
291,800.00 Allowable costs (includes \$291,	800.00 paid to date)	•	
\$ 0.00 Excess funds to be deobligated	_		
Ψ 0.00 HACESS funds to be accompanied			
Copy to: Code 21 and Code 822 (w/copy of closeo	ut documents)		
Copy to: Code 21 and Code 522 (Wespy of closes			
9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEE		ACCOMPLISHED. THIS IN	CLUDES
9b. TYPED NAME OF RESPONSIBLE OFFICIAL	9c. SIGNATURE	- /	9d. DATE
DOUGLAS E. HEATON		11+	03/
	Muckey >	· Walon	10 JUN 96
Administrative Grants Officer	JRCHASING OFFICE USE ON	IIY	110 0 - 11 0
10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN I	FULLY AND SATISFACTORILY A	COMPLISHED. CONTRAC	T FILE
OF THIS OFFICE IS HEREBY CLOSED AS OF:			
DATE SHOWN IN ITEM 9d. ABOVE.			
DATE SHOWN IN ITEM 10a. BELOW	. (Check this box only if final comp	pletion of any significant purcha	asing office
action extends more than three month of the completed form upon final acco	s beyond class-out date shown in i molishment of all nurchasing office	Item 90. above. In such cases actions to the contract adminis	s, submit a copy stration office.
(Upon receipt, the contract administra	tion office shall extend its contract t	file close-out date accordingly.	))
10b. REMARKS			
IOD. REMARKS			
nvb			
IIVO			
	10d. SIGNATURE		10e. DATE
10c. TYPED NAME OF RESPONSIBLE OFFICIAL	10d. SIGNATURE		10e. DATE

#### CLOSEOUT MEMORANDUM

Contract No.: N00014-91-J-1817

Contractor: DELAWARE STATE COLLEGE

- 1. On the basis of the following information, the undersigned concludes that the subject contract may be closed out and total costs invoiced in the amount of \$291,800.00 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. The certification of costs is based on a price analysis performed by the Administrative Contracting Officer (ACO) as explained in paragraph 4 of this document. Any unpaid balances due to the awardee may be paid at this time.
- 2. The subject agreement began on 01 June 1995 and was completed on 31 August 1995. The total estimated cost of the agreement was \$291,800.00.
- 3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the contract was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.
- 4. Total costs billed have been reviewed, and I hereby certify, as ACO, that the total costs are reasonable, allowable and allocable. This price analysis shall serve in lieu of an contract audit closing statement.
- 5. Based on the statement contained in this memo and the supporting documentation, this agreement may be administratively closed.

DOUGLÁS E. HEATON

Administrative Grants Officer

le Edicaten

REQUEST FOR ADVANCE				Budget, No. 80-R0183				
OR REIMBURSEMENT						2. BASIS OF R	EQUEST	
1. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED					S. PARTIAL NUMBE	PAYMENT REC	UEST	
Office of Naval Research				-1817		4	Final	
7. RECIPIE OR IDE	NT'S ACCOUNT NUMBER	8. FROM (mon		VERED				
289	1							
		10 PAYEE	Where shock is to	be sent is	different the	n (tom 9)		
State U	Iniversity	Nome						
1200 N. Dupont Highway					9			
19901		Number and Street	:					
MPUTATION					ESTED			
CTIVITIES >	,					TOTA	<b>IL</b>	
le of date)	\$291,800.00	\$	s			\$291,8	00.00	
income	0.00						0.00	
ne a minue	291,800.00					291,8	00.00	
for advance	0.00						0.00	
	291,800.00					291,8	00.00	
nt on line e	0.00						0.00	
n line e	291,800.00					291,8	00.00	
ly requested	291,800.00					291,8	00.00	
ted (Line g	0.00						0.00	
1st month								
2nd month								
3rd month								
	TERNATE COMPUTAT	ON FOR A	DVANCES ONL	Υ		<b>-</b>		
llays that will	be made during period	covered by t	he advance			\$		
f Federal cash	on hand as of beginnin	g of advance	e period					
minus line b)				_1		\$	0.00	
			IND OFFICIAL		$\rightarrow$	DATE REDUE	ST.	
y knowledge/ correct and accordance	AGAN	4-1	Mil			SUBMITTED !		
with the grant conditions or other agreement and that payment is due and has not Thomas P.						TELEPHONE	(ARFA	
	Thomas P.	litale	Associ	.ate	V.P.	TELEPHONE CODE, NUMB EXTENSION)	ER,	
	State Uupont F 19901  MPUTATION  TIVITIES Income  The a minus for advance  In advance  In the line e  The month  In add month  All  In advance  In the control of the control  In advance  In the control of the control  In advance  In the control of the control  In the control of the control of the control  In the control of the c	BURSEMENT  TY AND ORGANIZATIONAL ELEMENT TO HITTED  Val Research  7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER  2891  State University upont Highway 19901  MPUTATION OF AMOUNT OF REI  TIVITIES   18 of date)  \$291,800.00  for advance  0.00  291,800.00  10 0.00  11 on line e  291,800.00  10 0.00  11 on line e  291,800.00  12 on line e  291,800.00  12 on line e  291,800.00  13 t month  ALTERNATE COMPUTAT  Clays that will be made during period  (Federal cash on hand as of beginning minus line b)  (Knowledge correct and accordance	FOR ADVANCE BURSEMENT  TYPE OF PAYMENT REQUESTED  TY AND ORGANIZATIONAL ELEMENT TO 4. FEDERAL IDENTIFY VAI Research  7. RECIPIENTS ACCOUNT NUMBER 2891  State University Upont Highway 19901  Mumber and Street  City, State Of date)  \$291,800.00  for advence  0.00  100  101  100  101  100  101  100  101  100  101  100  101  100  101  100  101  100  101  100  101  100  101  100  101	BURSEMENT    Comparison   Computation   Comp	BURSEMENT    Bursement   Budget, No. 80-R0183	BURSEMENT    TYPE OF PAYMENT   ADVANCE   MENTINGUESE   PAYMENT   ADVANCE   MENTINGUESE   PAYMENT   ADVANCE   MENTINGUESE   PAYMENT   PAY	FOR ADVANCE BURSEMENT    Budget, No. 80-ROIS3   Budget, No. 80-ROIS3	

PROVISIONAL PAYMENT SUBJECT

PROCUREMENT TECHNICIAN OFFICE OF NAVAL RESEARCH

FINANCIAL STATUS REPORT (Short Form)

of outlays  of outlays	N 00014  e address, including ZIP code  5. Recipient Account Numb  2891  To: (Month, Day, Year)  8/31/95	of ar Other Identifying Number  91 - J - 181  9. Percal Cover From: (Many)	6. Final Report  This Report  Day, Year)  1/91  This Period  291,800	Ta: (Mo 8)	Bass Cash S Account 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Name and complete the University the University the Highway 9901 h Number  (See instructions) Year)  of outlays of outlays of obligations	5. Recipent Account Numb 2891 To: (Month, Day, Year) 8/31/95	9. Period Cover From: (Manil 6/1 Previously Reponsed	6. Final Report  Start Yes [  Start Year]  1/91  This Period  291,800	Ta: (Mo 8)	8ass Cash & Account 1/31/95 Cumulative 91,800.00 0.00
of outlays  of obligations	5. Recipient Account Numb 2891 To: (Month, Day, Year) 8/31/95	9. Period Cover From: (Manill 6/1 Previously Reponsed	ed by this Report Day, Year) 1/91 This Percor	Ta: (Mo 8)	Cash S Account 1/31/95  Cumulative  91,800.00  0.00
(See instructions) Year) of outlays of outlays of obligations	2891 To: (Month, Day, Year) 8/31/95	9. Perod Cover From: (Marxii 6/1 Previously Reported 9.00	ed by this Report Day, Year) 1/91 This Percor	Ta: (Mo 8)	Cash S Account 1/31/95  Cumulative  91,800.00  0.00
of outlays  If outlays  of obligations	To: (Month, Day, Year) 8/31/95	From: (Man® 6/)  i Previously Reported  0.00	Day, Year) 1/91 The Perco	Ta: (Mo 8,	onh, Day, Year) /31/95 Cumulative 91,800.00
of outlays  If outlays  of obligations	8/31/95	From: (Man® 6/)  i Previously Reported  0.00	Day, Year) 1/91 That Period 291,800	2.00 29	731/95 Cumulative 91,800.00 0.00
of obligations		9.00 0.00	291,80D	0.00 29	91,80D.00 0.00
of obligations		0.00	0	0.00	0.00
of obligations					
ed obligations	ations.	0.00	291,801	0.00 29	91.800.00
	ations.		107:120:00		, ,
of unioustated object	aliana	EVA STANC SO CO S C S.			0.00
Or or inducation on A	3003				0.00
of unliquidated obligati	LOTS .				0.00
hare (Sum of lines c	and f)				291,80 <b>0</b> .00
unds authorized for th	nis funding period				291,80D.00
ilance of Federal fund	ts (Une h minus line g)	1 172 6			0.00
you of Rate (Place	"X" in appropriate box)	redetermined	□ Fnd	O F	oxed
iate OF	c. Base	00 20	152.16		.152.16
certify to the best o nliquidated obligat a and Tite	f my knowledge and belief tions are for the purposes s	that this report is core to forth in the award o	rect and complete documents. Telephone	and that all (Area code, n	outlays and
	Told The same			on Submitted	
	ype of Rate (Place Provided By	any explanations deemed necessary or informations deemed necessary or informations deemed necessary or informations deemed necessary or information deeper of the best of my knowledge and belief inliquidated obligations are for the purposes of the purpose of the purposes of the purposes of the purposes of the purpose	Provisoral  C. Base  C. Base	Predetermined Fred  C. Base  C. Base  C. Base  St. 251,902.00  20,152.16  any explanations deemed necessary or information required by Federal sponsoring agent certify to the best of my knowledge and belief that this report is correct and complete nliquidated obligations are for the purposes set forth in the award documents.  Telephone  Tale, Associate VP. Ar Business and Finance  1(3)  Date Report of the purposes are forth in the award documents.	Telephone (Area code, in appropriate box)    Standard Fig.   Predetermined   Final   F

Bryant, Natalie

From:

To: Subject:

Date:

Petrosky, Carol Bryant, Natalie FINAL PATENT REPORT Friday, May 10, 1996 10:51AM

1. The negative final patent report for the Grant Number N00014-91-J-1817 with Delaware State University has been accepted and approved.

2. The Contractor has fulfilled all the patent requirements of the Grant.

Carol

#### Bryant, Natalie

From:

To:

Subject:

Bryant, Natalie Bright, Harold Final Technical Certification

Date:

Tuesday, May 07, 1996 10:32AM

Priority:

High

Delaware State University submitted for two Final Technical report s: N00014-93-1-1372 and N00014-91-J-1817. Your approval or disapproval is requested.

25

Thanking you in advance!

Natalie V. Bryant Procurement Technician ONR-243

Verbal approval 6 June 96.

	0, 4
CONTRACT ADMINISTRATION COMPLETION RECORD	1. SUSPENSE DATE
DEPARTMENT OF THE NAVY OFFICE OF NAVAL RESEARCH - ATLANTA 101 MARIETTA TOWER SUITE 2805 ATLANTA, GEORGIA 30323-0008	N00014-91-J-1817  AS AMENDED BY MODIFICATIONS NUMBERE. THROUGH P000003-A00000T
4. TO: (Organizational element performing function checked below)	S. NAME OF CONTRACTOR
FILE	DELAWARE STATE COLLEGE

The contract identified above has been physically completed (i.e., all required deliveres or shipments have been made and/o

Request column 6c or 6d and 6e and 6f be completed with regard to the function checked in column 6u and this form returned to the suspense date indicated in item 1. If only an anticipated date of completion of required actions can be given by the suspense, a subsequent advice of final action is requested.

If contract being closed is classified, send signed copy of this form marked "INFORMATION COPY" to cognizant Industrial Security Office.

FUNCTION	REQUIRED ACTION(5)	ANTICIPATED DATE FOR		
ь	COMPLETED	COMPLETION OF ACTION(S)	SIGNATURE	DATE
PROPURTY NOITARTEINIMOA	X		Alich Ol Born	14 June 19
PLANT CLEARANCE			Man xx/xerp	V7 June 19
CONTRACT TERMINATION				
OTHER (Specily)				
	PROPURTY ADMINISTRATION PLANT CLEANANCE CONTRACT TERMINATION	PROPERTY X  PLANT CLEAMANCE  CONTRACT TERMINATION	PROPERTY X  PLANT CLEANANCE  CONTRACT TERMINATION	PROPERTY ADMINISTRATION X  PLANT CLEANANCE  CONTRACT TERMINATION

TITLE TO PROPERTY ACQUIRED WITH GRANT FUNDS VESTS WITH THE GRANTEE.

. TYPED NAME OF RESPONSIBLE OFFICIAL	9. SIGNATURE		IO. DATE
DD 504 1583	HEREACES ESITION OF 1 FEB C	7 mmiCh is Obsalett.	317 03023021036

2 U.S. Government mining office - 100-100 overisies

CONTRACT C	OMPLETION STAT	TEMENT		
1. FROM (Contract Administration Office)		2a. PII NUMBER	<i>;</i> *	
Office of Naval Research		N0001	4-89-K-2031	
Atlanta Regional Office		2b. LAST MODIFICATION	NUMBER	
101 Marietta Street, Suite 2805 Atlanta, GA 30323-0008		1	P00024	
(POC: DOUGLAS E. HEATON /404-730-9257)	A. CONTRACTING IDENTIFY CODE AND ADDRESS  UNIVERSITY RESEARCH FOUR  SO.00  MPLETE  Sb. VOUCHER NUMBER  Sc. DATE  DED TO D. O. F PAYMENT  OTC.  O31 for University Research Foundation is complete. Forwarded for processing yment of 3,353,260.00.  Sted by the Grant sts (includes \$3,353,260.00 paid to date)  to be deobligated  at documents)  REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. THIS INCLUDES RICE REVISION CONTRACT.  FOR PURCHASING OFFICE USE ONLY  FOR PURCHASING OFFICE USE ONLY			
(100. BOUGLAS E. HEATON (404-730-9237)				
3. TO: (Name and Address of Purchasing Office and Office Symbols of the	PCO, if known)			
Г	-7	CODE AND ADDRESS		
DFAS Charleston - OPLC	ı			
Vendor Pay and Travel Division		UNIVERSITY RES	EARCH FOUNDATION	
Code (FP)				
P.O. Box 118054		5. EXCESS FUNDS	YES NO	
Charleston, SC 29423-8054	1		\$0.00	
CO. IE FINAL DAVACHT UAC DEEN MADE, COMPLETE				
6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b, AND 6c.	b. VOUCHER NUMBER	6	ic. DATE	
7a. IF FINAL APPROVED INVOICE FORWARDED TO D. O. 7 OR ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b AND 7c.	b. INVOICE NUMBER	7	c. DATE FORWARD	
8. REMARKS				
		omplete. Forwarded	for processing are pertient	
closing documents to support full payment of 3,353,260	0.00.			
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
2. 3,353,260.00 Funds obligated by the Grant	3.440.00			
	5,260.00 paid to date)			
Excess funds to be decongated				
Copy to: 21/822 (w/copy of closeout documents)				
9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONTRA		CCOMPLISHED. THIS INC	LUDES	
9b. TYPED NAME OF RESPONSIBLE OFFICIAL	9c. SIGNATURE 1	- // /	9d. DATE	
DOUGLAS E. HEATON		Notes	11 - 11 - 11	
		Jacanor,	11 JUN 96	
OF THIS OFFICE IS HEREBY CLOSED AS OF:	LY AND SATISFACTORILY ACC	OMPLISHED. CONTRACT	FILE	
DATE SHOWN IN ITEM 9d. ABOVE.				
DATE SHOWN IN ITEM 10a. BELOW. (C				
action extends more than three months be of the completed form upon final accompli				
(Upon receipt, the contract administration	, -			
10b. REMARKS				
nvb				
10c. TYPED NAME OF RESPONSIBLE OFFICIAL	10d. SIGNATURE		10e. DATE	

#### CLOSEOUT MEMORANDUM

Contract No.: N00014-89-K-2031

Contractor: UNIVERSITY RESEARCH FOUNDATION

- 1. On the basis of the following information, the undersigned concludes that the subject contract may be closed out and total costs invoiced in the amount of \$3,353,260.00 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. The certification of costs is based on a price analysis performed by the Administrative Contracting Officer (ACO) as explained in paragraph 4 of this document. Any unpaid balances due to the awardee may be paid at this time.
- 2. The subject agreement began on 25 August 1989 and was completed on 24 August 1992. The total estimated cost of the agreement was \$3,353,260.00.
- 3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the contract was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.
- 4. Total costs billed have been reviewed, and I hereby certify, as ACO, that the total costs are reasonable, allowable and allocable. This price analysis shall serve in lieu of an contract audit closing statement.
- 5. Based on the statement contained in this memo and the supporting documentation, this agreement may be administratively closed.

DOUGLAS E. HEATON

Administrative Contracting Officer



#### DEPARTMENT OF THE NAVY

OFFICE OF NAVAL RESEARCH ATLANTA REGIONAL OFFICE 101 MARIETTA TOWER 101 MARIETTA ST., SUITE 2805 ATLANTA, GEORGIA 30323

IN REPLY REFER TO

243-ATL:DEH:mc UNRF/N00014-89-K-2031 27 June 1994

From: Office of Naval Research, Atlanta Regional Office, Atlanta

Georgia

To:

Naval Research Laboratory, Attn: Code 3220/Raymond A. Patten,

4555 Overlook Ave., S.W., Washington, DC 20375-5000

SUBJ:

CONTRACT N00014-89-K-2031 WITH UNIVERSITY RESEARCH

FOUNDATION

- 1. This office is in the process of closing the subject contract. We have been advised that the final technical report has been submitted.
- 2. So that closeout may continue, please provide this office with certification of technical completion of the contract.
- 3. Any questions should be directed to Mr. Douglas E. Heaton, ACO, at telephone no. (404)730-9257.

MICHELLE COPELAND

Procurement Technician

DO NOT DETACH

FIRST ENDORSEMENT ON ONRRR/Atlanta ltr dtd

I certify that all technical requirements under this contract have been completed.

Scientific Officer

DR RAYMOND A. PATTEN, COTR NO0014-89-K-2031

8/23/94

Date 23 AUGUST 1994

· co	OHTRACT ADMINISTRA	TION COUPLE	TION PECOPO		1. SUSPENSE DATE	
2. FROM		THOR COMPLE	TION RECORD			
DEPARTME ATLANTA	ENT OF THE NAVY REGIONAL OFFICE IETTA TOWER, SUITE	2805			N00014-89-K-2031	e de la companya de l
ATLANTA,	, GA 30323-0008		ø		AS AMENDED BY MODIFICAT	TIONS NUMBERED
4. TOI (Organii	izational element performing	function checked bel	low)		S. NAME OF CONTRACTOR	
	FILE		•		UNIVERSITY RESEAR	CH FOUNDATION
Request co the suspen date, a cul	olumn 6c or 6d and 6e and has date indicated in item basequent advice of final a	of be completed v 1. If only an anti- ction is requested	vith regard to the f cipated date of cor	unction c	hecked in column on and this of required actions can be grown COPY" to cogn	s form returned by ven by the suspen
6.		5.	TATUS OF ACTION	()		
''X''	FUNCTION b	REQUIRED ACTION(S) COMPLETED	ANTICIPATED DATE FOR COMPLETION OF ACTION(S)		SIGNATURE	DATE
X	PROPERTY NOITARTEINIMOA	Х		du	fles E. Mator	6 JUN 9
	PLANT CLEARANCE			0		
	CONTRACT TERMINATION					
	OTHER (Specify)					
. REMARKS						
N00014-	pose of this modif 89-K-2031 to Contr D 1662 was Negativ	act N00014-94	transfer the -C-2206(Ref.	accou to POO	ntability of GFE und 024)	ler
TYPED NA	ME OF RESPONSIBLE OFFI	CIAL	9. SIGNATURE			110 0: 7:
		<del>-</del>				IO. DATE

DD FORM 1593



#### DEPARTMENT OF THE NAVY NAVAL RESEARCH LABORATORY WASHINGTON D C 20375-5320

IN REPLY REFER TO

4200/ 3220/

DATE: 11APR96

FROM: CONTRACTING OFFICER, NAVAL RESEARCH LABORATORY,

WASHINGTON, DC 20375-5326

DEPT OF NAVY

TO:

ONRRR-ATLANTA

101 MARIETTA TOWER

101 MARIETTA ST., SUITE 2805

ATLANTA GA 30323

SUBJ:

CONTRACTOR'S FINAL REPORT OF INVENTIONS AND SUBCONTRACTS

UNDER CONTRACT NOO014-89-K-2031

WITH UNIVERSITY RESEARCH FOUNDATION

**REF:** (A) 243-ATL:DEH:mc UNRF/NO0014-89-K-2031

IN REPLY TO REFERENCE (A), CONTRACTORS FINAL REPORT OF INVENTIONS AND SUBCONTRACTS WAS RECEIVED 29JAN96

AND ACCEPTED 18MAR96

WILBERENA CONAWAY CONTRACTING OFFICER



#### CONTRACTOR'S RELEASE

Pursuant to the terms of Contract dated August 25, 1989 and in consideration of the sum of three million three hundred and fifty three thousand two hundred and sixty dollars (\$3,353,260) which has been or is to be paid under the said Contract to The University Research Foundation (hereinafter called the Contractor) or its assignees, if any, the Contractor, upon payment of the said sum by The United States Government, does remiss, release, and discharge The United States Government, its officers, agents and employees, of and from all liabilities, obligations, claims and demands whatsoever under or arising from the said Contract, except:

- 1. Specified claims in stated amounts or in estimated amounts where the amounts are not susceptible of exact statement by the Contractor, as follows:
- 2. Claims, together with reasonable expenses incidental thereto, based on the liabilities of the Contractor to third parties arising out of the performance of the said Contract, which are not known to the Contractor on the date of the execution of this release and of which the Contractor gives notice in writing to The United States Government, within the period specified in the said Contract.
- 3. Claims for reimbursement of costs (other than expenses of the Contractor by reason of its indemnification of The United States Government, against patent liability), including reasonable expenses incidental thereto, incurred by the Contractor under the provisions of the said contract relating to patents.

The Contractor agrees in connection with patent matters and with claims which are not released as set forth above, that it will comply with all of the provisions of the said Contract, including without limitation those provisions relating to notification to The United States Government, and relating to the defense or prosecution of litigation.

This release has been executed this \_\_\_\_\_ / 7 \_\_\_\_ day of June \_\_\_\_ 19 94 .

By <u>Dr. Norris J. Krone, Jr.</u>

Title President, University Research Foundation

## SUBCONTRACTOR'S ASSIGNMENT OF REFUNDS, REBATES, CREDITS AND OTHER AMOUNTS

Pursuant to the terms of Contract dated August 25, 1989 and in consideration of the reimbursement of costs and payment of fees, as provided in the said Contract any assignment thereunder, University Research Foundation (hereinafter called the Contractor) does hereby:

- 1. Assign, transfer, set over and release to The United States Government all rights, title and interest to all refunds, rebates, credits or other amounts (including any interest thereon) arising out of the performance of said Contract, together with all the rights of action accrued or which may hereafter accrue thereunder, (except those for refunds, rebates, or credits for taxes paid to a State or any political subdivision thereof).
- 2. Agree to take whatever action may be necessary to effect prompt collection of all refunds, rebates, credits and other amounts (including any interest thereon) due or which may become due and to promptly forward to The United States Government any proceeds so collected. The reasonable costs of any such action to effect collection shall constitute allowable costs when approved by The United States Government, as stated in the said Contract and may be applied to reduce any amounts otherwise payable to The United States Government, under the terms hereof.
- 3. Agree to cooperate fully with The United States Government, as to any claim or suit in connection with refunds, rebates, credits or other amounts due (including any interest thereon); to execute any protest, pleading, application, power of attorney or other paper in connection wherewith; and to permit The United States Government to represent it at any hearing, trial or other proceedings, arising out of such claim or suit.
- 4. In the event the Contractor obtains or receives any refund, rebate or credit for taxes paid to a State or any political subdivision thereof, in connection with the performance of the Contract, and for which the Contractor is paid or reimbursed by The United States Government, the Contractor agrees to pay over to The United States Government, an amount equal to such refund or credit (including interest paid or credited to the Contractor incident to such refund or credit to the extent such interest was earned after the Contractor was paid or reimbursed by The United States Government for such taxes). In the event the Contractor receives any benefit in lieu of or in addition to such refund, rebate or credit, the Contractor agrees to pay over to The United States Government, an amount equal to such benefit.

This release has been executed this _	17 day of June, 1994.
	Man Maroned
	By Dr. Norris J. Krone, Jr.

Title President, University Research Foundation

Standard Form 10 Revised January 1 Department of the LLIFRM 4-2000	≎90			IC VOUCE					)		VOUCHER NO. 42
U.S. DEPARTMENT Office of	Naval	R ESTABLI Rese	SHMENT AND LOCA	TION		TE VOUCHER PR					SCHEDULE NO.
Resident 1931 Crys						NTRACT NUMBE			8/25/8	39	PAID BY
Washingto	n DC 2	20770				00151710N NUM 5-9070-8		ID DATE	8/25/8	39	
PAYEE'S NAME			ty Researc Lane, Sui		tion			٦			DATE INVOICE RECEIVED
AND ADDRESS	Gree	enbel	t, MD 207	70							DISCOUNT TERMS
	_							٦			PAYEE'S ACCOUNT NUMBER
SHIPPED FROM				10				V	VEIGHT		GOVERNMENT B/L NUMBER
NUMBER	DATE	OF		ARTICLES OR	SERVICES	5.1		QUAN-	UNIT	PRICE	AMOUNT
AND DATE OF ORDER	OR SE		(Enter description schedule, and other	, item nur ber er information de	of contract semed neces	or Federal sup sary)	ріу	TITY	COST	PER	(1)
	y inat	all e									\$0.00 r appropriate award documents."
(Use continuation		Í	Maris Dr. Norris	alien	e, Jr.	<del>7/11/</del>	/94			TOTAL	
PAYMENT:	APPRO	VED FOR			EXCHANG				ERENCES_		
PROVISIONAL			= \$			= !	\$1.00				
COMPLETE	BY 2									<del></del>	
FINAL								Amount	verified; corre	ect for	
PROGRESS  ADVANCE	TITLE							(Signature	or initials)		
Pursuant to auth	ority vested	lin me, 1 c	(Authorized	Certifying Officer	ti		Admii	LAS E. nistrative	Contracti	ing Offi	icer
CHECK NUM	BER		ON ACCO	UNT OF U.S. I	REASURY	CHECK NUM	BER		ON (N	ame of ba	ink)
CASH			DATE			PAYEE 3					
If the ability to otherwise the ar When a voucher or corporate has	o cereta con spoleonia offic o concentrada secono servica	Lucherty Jer Will Sc La rise har Line Lapa	thame of currency to approve the co- gn in the space pro- ne of a company or city in which he so it as the case may it	vided, over his i corporation (b gns, must appear	official 5th e name - F	r To terriorist (r	ng the	.empany	TITLE		
Previous edition was					3.1.	Transa					>SN 7540-30-200-2234

.

PRIVACY ACT STATEMENT

The information requested on this form is required under the array sions of 31 U.S.C. 82b and 82c, for the purpose of sourcing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure in so this information will hinder discharge of the payment longation.

Standard Form 1035 September 1973 4 Treasury FRM 2000 1035-113-01

### **PUBLIC VOUCHER FOR PURCHASES AND** SERVICES OTHER THAN PERSONAL

VOUCHER NO. 42. SCHEDULE NO. SHEET NO.

Exception approved by NARS, 10-77

CONTINUATION SHEET

1

by NAR	S. 10-77 .	CONTINUATION SHEET 1							
U.S. DEPARTMENT	T, BUREAU, OR ESTA								
		Naval Research Laboratory ARTICLES OR SERVICES	N0001	4-89-K-	-2031 PRICE	AMOUNT			
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	COST	PER	AMOUNT			
	,								
	2/4/92								
	to	Analysis of Claimed Current and							
	8/24/92	Cumulative Costs							
			CITO	DENT		CINCII ATTUE			
			CUR	RENT		CUMULATIVE			
		DIRECT LABOR	0	.00		837,810.43			
		DIRECT COSTS							
		Equipment		.00		79,455.32			
		Travel	1	.00		65,409.10			
		Training		.00		1,094.94			
		Medical .		.00		2,138.82			
		Subcontract		.00		1,539,158.00			
		Other	0	.00		20.00			
			_	.00		1 607 276 10			
			U	.00		1,687,276.18			
		INDIRECT COSTS							
		Fringe	0	.00		302,619.04			
		Overhead	0	.00		409,094.76			
		·	-						
			0	.00		711,713.80			
		Total Costs	0	.00		3,236,800.41			
		FEE	0	.00		116,459.63			
		·							
		TOTAL BILLING	. 0	.00		3,353,260.04			
			· .						

LIL VOUCHER FOR PURCHASES APIL  SERVICES OTHER THAN PERSONAL  LIX REPRIMERY, REGIOU OF STRANGERMENT AND LOCATION COMMENDED OF STRANGERMENT AND LOCATION NO.014-88K-05.31 ROXINTON NAMERS MO DATE  AVEES AVEES CASE WESTERN RESERVE UNIVERSITY NO.014-88K-05.31 ROXINTON NAMERS MO DATE CONTROLLER'S S-GRANTS ACCOUNTING UNCR ONE THIRD PLOOR CLEVELAND ON 44106-7006  CICATION OF COLUMN THANKS CONTROLLER'S S-GRANTS ACCOUNTING UNCR ONE THIRD PLOOR CLEVELAND ON 44106-7006  CONTROLLER'S S-GRANTS ACCOUNTING UNCR ONE THIRD PLOOR CLEVELAND ON 44106-7006  TO COLUMN THANKS CONTROLLER'S S-GRANTS ACCOUNTING UNCR ONE THIRD PLOOR CLEVELAND ON 44106-7006  TO COLUMN THANKS CONTROLLER'S S-GRANTS ACCOUNTING UNCR ONE THIRD PLOOR CONTROLLER'S S-GRANTS ACCOUNTING CONTROLLER'S S-ARMEDIC CONTROLLER'S S-COUNTING CONTROLLE	Parised October 1987			4 IC VOU	CHED E	OD DUDCHASE			*	VOUCHER NO.
Commanding Officer U.S. Navy Regional Finance Center CMF3 Room 206 Attn: Code 40 Washington DC 20371-5400  Mashington DC 2	7 TEM 4-2000							. ' (		24 Final
U.S. Navy Regional Finance Center CN\$\$ RODO 206 Attris. Code 40 Washington DC 20371-5400  PAYEE CASE WESTERN RESERVE UNIVERSITY CONTROLLER'S-GRANTS ACCOUNTING U.GRC ORD THIRD FLOOR AND U.GRC ORD THIRD FLOOR LOGO EUCLID AVENUE CLEVELAND OH 44106-7006  PAYEE CONTROLLER'S-GRANTS ACCOUNTING U.GRC ORD THIRD FLOOR AND U.GRC ORD THIRD FLOOR LOGO EUCLID AVENUE CLEVELAND OH 44106-7006  PAYEE CONTROLLER'S GRANTS ACCOUNTING U.GRC ORD THIRD FLOOR DELIVERY OF CREEK CONTROLLER'S GRANTS ACCOUNTING U.GRC ORD THIRD FLOOR LOGO EUCLID AVENUE CLEVELAND OH 44106-7006  PAYEE CONTROLLER'S GRANTS ACCOUNTING U.GRC ORD THIRD FLOOR DELIVERY OF CREEK CONTROLLER'S GRANTS ACCOUNTING U.GRC ORD THIRD FLOOR DELIVERY OF CREEK CONTROLLER'S GRANTS ACCOUNTING U.GRC ORD THIRD FLOOR CONTROLLER'S GRANTS ACCOUNTING U.GRC ORD THIRD FLOOR CLEVELY CONTROLLER'S GRANTS ACCOUNTING U.GRC ORD THIRD FLOOR U.GRC ORD THIRD FLOOR CONTROLLER'S GRANTS ACCOUNTING U.GRC ORD T				ISHMENT AND LOCATION	D		- //	•		SCHEDULE NO.
Washington DC 20371-5400    REMOTION MARKEN AND DIFE   REMOTION MARKEN AND DIFE   REMOTION MARKEN AND DIFE   REMOTION MARKEN AND DIFE   CASE WESTERN RESERVE UNIVERSITY   CASE THE NAME OF CONTROLLER SECONT NAMES     DECOUNT TERMS   CASE THE NAME OF THE NA					0			/ 31/ 31		PAID BY
WAShington DC 20371-0400  RECORDING MARGER AND DATE  PAYEES CONTROLLER'S-GERANTS ACCOUNTING UDCRC ONE THIRD FLOOR 10900 EUCLID AVENUE CLEVELAND OH 44106-7006  NUMBER APPROVED FOR  NUMBER APPROVED FOR  12/1/91 For details see continuation sheet  to Total Amount claimed transferred from page 1035-A.  12/31/91 Cost Reimbursable  COMPATE  APPROVED FOR  APPROVED FOR  PAYMENT: PROVINCES  SY'  PROVINCES  TITLE  APPROVED FOR  AP						N00014-88K-	-0631			
CONTROLLER'S—GRANTS ACCOUNTING LORGESS LOCATION BY LOCATION LOCATION STATEMENT LOCATION S	Washingto	on DC	203	/1-5400	R	EQUISITION NUMBER AND	DATE			
CONTROLLER'S—GRANTS ACCOUNTING LORGESS LOCATION BY LOCATION LOCATION STATEMENT LOCATION S	<u> </u>	<del></del>			L					
CONTROLLER'S—GRANTS ACCOUNTING LORGESS LOCATION BY LOCATION LOCATION STATEMENT LOCATION S										•
CONTROLLER'S—GRANTS ACCOUNTING LORGESS LOCATION BY LOCATION LOCATION STATEMENT LOCATION S	Г						7		-	
CONTROLLER 19-GRANTS ACCOUNTING ADDRESS  LOCK ORD THIRD FLOOR 10900 EUCLID AVENUE CLEVELAND OH 44106-7006  TO WEIGHT  Organic Ferro Lab  NI. Ishida  PAYEE'S ACCOUNT SMUSER  APTICLES OR SERVICES AND DATE OF SERVICE AND DATE OF ORDER  OF ORDER  DELIVERY  APTICLES OR SERVICES AND DATE OF SERVICE  AND DATE OF ORDER  TO WEIGHT  COST PER  (1)  COST PER  (2)  APPOLITE PROVISIONAL  PROVISIONAL  PROVISIONAL  APPOLITE PROVISIONAL  DELIVERY  TITLE  APPOLITE PROVISIONAL  APPOLITE APPOLITE APPOLITE PROVISIONAL  APPOLITE APPOLI	DAVEES	C	ASE V	WESTERN RESERVE U	NIVERS	ITY	•			
ADDRESS  10900 EUCLID AVENUE  CLEVELAND OH 44106-7006  PAYER ACCOUNT NUMBER  Organic Ferro Lab  DATE OF ARTICLES ON SERVICES OR SERVICE  OR SERVICE  ARTICLES ON SERVICES OR SERVICE  OR SERVICE  CENter description, item number of contract of Federal supply APPROVED  TO WEIGHT  OUTLINE AND UNIT PRICE AND UN	NAME	,			COUNTI	NG			1	DATE INVOICE RECEIVED
CLEVELAND OH 44106-7006  Organic Ferro Lab  TO  H. Ishida  PAYEER ACCOUNT MARRIER 221-3500-6795  SWEED FROM  TO  WEIGHT GOVERNMENT BY, NUMBER AND DATE OF SERVICE Schedule, and other information deemed necessary)  L2/1/91  For details see continuation sheet  to Total Amount claimed transferred from page 1035-A.  Cost Reimbursable  CORRENT  S129.86  CORR									Į	•
Organic Ferro Lab  10  10  10  10  10  10  10  10  10  1					26					DISCOUNT TERMS
Organic Ferro Lab  TO  BEST BOYERMENT BY INJUSEER  NUMBER AND DATE DELIVERY OR SERVICE  AND DATE DELIVERY Schooling, item number of contract or Federal supply of Order Delivery schooling, and other information deemed necessary)  L2/1/91  For details see continuation sheet  To Total Amount claimed transferred from page 1035-A.  Cost Reimbursable  Cost Re		CI	اجا ۸ جار	THUD OU -4-1100-100	50				-	DAVEE'S ACCOUNT MUNDED
NUMBER ARTICLES OR SERVICES AR	Organic H	erro I	Lab				H. I	shida	İ	
AND DATE OF LIVERY OF SCHOOL (Enter description, lient number of contract or Federal supply CREATED CR				то						
AND DATE OF LIVERY OF SCHOOL (Enter description, lient number of contract or Federal supply CREATED CR										
CHECK NUMBER  CHECK NUMBER  CHECK NUMBER  CHECK NUMBER  CON ACCOUNT OF U.S. TREASURY  CASE NUMBER  CHECK NUMBER  CHECK NUMBER  CHECK NUMBER  CASE NUMBER  CASE Number of bank)  CASE PER (1)  COST PER (1)  COST PER (1)  COST PER (1)  COST PER (1)  COURTENT \$129.86  CURRENT \$129.86  COMPLETE STORM WIND CONTROL OF CONTROL								UNIT	PRICE	AMOUNT
(Like continuation sheet(s) if necessary)  Cost Reimbursable  Cost Reimbursable  (Payee must NOT use the space below)  TOTAL \$129.86  PAYMENT: PROVISIONAL STREAMENT BY: PARTIAL FINAL FIN	OF ORDER			schedule, and other inform	nation deen	ned necessary)	TITY	COST	PER	(1)
(Like continuation sheet(s) if necessary)  Cost Reimbursable  Cost Reimbursable  (Payee must NOT use the space below)  TOTAL \$129.86  PAYMENT: PROVISIONAL STREAMENT BY: PARTIAL FINAL FIN		12/1/0	27	For details see	contin	ation sheet				
(the confination sheet(s) if necessary)  (Payee must NOT use the space below)  (Payee must NOT use the space provided, correct on the payee provided correct or payment.  (Payee must NOT use the space below)  (Payee must no	·	12/1/3	7	TOT GCCGITD DCC (	.0110111	acton bhece				
Cost Reimbursable   Cost Reimbursable		to		Total Amount cla	imed t	cansferred	(	CURREN!	r	\$129.86
Cost Reimbursable  (Lise contribution sheet(a) if necessary)  (Payee must NOT use the space below)  TOTAL \$129.86  PAYMENT:  PROVED FOR  PROVED FOR  PATTLE  PARTILL  PARTILL  PARTILL  Amount writing cornect for  Pursuant to authority vested in metal contribution of cont				from page 1035-A	•					
(Use continuation sheet(s) if necessary)  (Payee must NOT use the space below)  TOTAL \$129.86  PAYMENT:  PROVISIONAL STATIAL  STATIAL  FINAL  FINAL  FINAL  FINAL  FINAL  (Authorized Certifying Officer)  ACCOUNTING CLASSIFICATION    CHECK NUMBER		12/31/	/91	Cont. Defelored						
PAYMENT:    PROVISIONAL   S				Cost Reimbursable	3			]	,	
PAYMENT:    PROVISIONAL   S										
PAYMENT:    PROVISIONAL   S										
PROVISIONAL   =\$   =\$1.00   DEFERENCES	(Use continuation shee	et(s) if necess	sary)	(Payee mus	st NOT	ise the space be	low)		TOTAL	\$129.86
CHECK NUMBER  ON ACCOUNT OF U.S. TREASURY  CASH  DATE	_	APPROVE	ED FOR		EXCHANG		DIFFER	ENCES		
PARTIAL    PARTIAL   PROGRESS   TITLE   Amount verified; correct for	COMPLETE	BY 2		=\$		=\$1.00	·			·
PROGRESS  TITLE  ADVANCE  Pursuant to authority vested in meli certify the territy conciner is correct and proper for payment.  (Cate)  ACCOUNTING CLASSIFICATION  CHECK NUMBER  ON ACCOUNT OF U.S. TREASURY  CHECK NUMBER  ON (Name of bank)  CASH  DATE  Symathre or inhibity  (Title)  ACCOUNTING CLASSIFICATION  PAYEE 3  S  When stated in foreign currency, insert name of currency. If the ability to certify and authority or approve are combined in one person, one signature only is necessary, otherwise the papproving officer will sign in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Sacretary", or TITLE	PARTIAL					+				•
ADVANCE  Pursuant to authority vested in me of certify tight-the voyther is correct and proper for payment.    CHECK NUMBER	-						Amount v	verified; correct	t for	
Pursuant to authority vested in me certify tablets voycher is correct and proper for payment.    Check number		TITLE			)		(Signature o	r initials)		
CHECK NUMBER  ON ACCOUNT OF U.S. TREASURY  CASH  DATE  When stated in foreign currency, insert name of currency.  If the ability to certify and authority to approve are combined in one person, one signature only is necessary, otherwise the approving officer will sign in the space provided, over his official title.  When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporation.  Tressurer", as the case may be.		!								
CHECK NUMBER  ON ACCOUNT OF U.S. TREASURY  CHECK NUMBER  ON (Name of bank)  CASH  DATE  PAYEE 3  When stated in foreign currency, insert name of currency. If the abolity to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title. When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or Treesure", as the case may be.	Pursuant to authority ve	isted in meta	certify th	at this voycher is correct and proper	for payment.			L1.	<u></u>	+ /
CHECK NUMBER  ON ACCOUNT OF U.S. TREASURY  CHECK NUMBER  ON (Name of bank)  CASH  DATE  PAYEE 3  When stated in foreign currency, insert name of currency. If the abolity to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title. When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or Treesure", as the case may be.	11/15/90	5 / 4	MU	11/2		AdM	INISI	TIVE	1/2/	lacting
CHECK NUMBER  ON ACCOUNT OF U.S. TREASURY  CHECK NUMBER  ON (Name of bank)  CASH  DATE  PAYEE 3  When stated in foreign currency, insert name of currency. If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.  When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporation ame, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or Treesurer", as the case may be.	(Date)	<i>/ -/</i>	_ N _ V (	(Authorized Certifying Officer)	)	4 4/1/	10171	4110	Title)	AFLICION
CASH  DATE  PAYEE 3  When stated in foreign currency, insert name of currency. If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.  When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or Treessurer", as the case may be.				ACC	DUNTING (	CLASSIFICATION				<i>W</i> 100
CASH  DATE  PAYEE 3  When stated in foreign currency, insert name of currency. If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.  When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or Treessurer", as the case may be.								-		
CASH  DATE  PAYEE 3  When stated in foreign currency, insert name of currency. If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.  When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or Treessurer", as the case may be.									٠	
CASH  DATE  PAYEE 3  When stated in foreign currency, insert name of currency. If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.  When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or Treessurer", as the case may be.										
CASH  DATE  PAYEE 3  When stated in foreign currency, insert name of currency. If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.  When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or Treessurer", as the case may be.										
CASH  DATE  PAYEE 3  When stated in foreign currency, insert name of currency. If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.  When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or Treessurer", as the case may be.										
When stated in foreign currency, insert name of currency.  If the ability to certify and authority to approve are combined in one person, one signature only is necessary, otherwise the approving officer will sign in the space provided, over his official title.  When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or Treesurer", as the case may be.	CHECK NUMBER			ON ACCOUNT OF U.S. TR	EASURY	CHECK NUMBER		ON (Name	e of bank	t)
When stated in foreign currency, insert name of currency.  If the ability to certify and authority to approve are combined in one person, one signature only is necessary, otherwise the approving officer will sign in the space provided, over his official title.  When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or Treesurer", as the case may be.	CACH			DATE		DAVET :				
When stated in foreign currency, insert name of currency.  If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.  When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treesurer", as the case may be.				DATE		PATEE *				
If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.  When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.	When stated in foreign	currency, inse	ert name	of currency.		L		PER		
name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treesurer", as the case may be.	approving officer will sig	n in the soac	e provide	ed, over his official title.		-	ise the			
"Treesurer", as the case may be.	<sup>2</sup> When a voucher is rece name, as well as the ca	ipted in the n pacity in whic	ame of a	company or corporation, the name of	of the person Doe Compai	writing the company or colly, per John Smith, Secreta	porate ry", or	TITLE		
	"Treesurer", as the case vious edition usable	e may be.							····	AIGH TE 40 00 000 000

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the particular creditor and the amounts to be paid.

Process October 19	67		4 IC VOL	ICHED E	OR PURCHASE				VOUCHER NO.	
Department of the 1 2 TFM 4-2000 1804-191	recory				R THAN PERSON				24 F	inal
			BLISHMENT AND LOCATION		ATE VOUCHER PREPARE	D 7/	/1/88		SCHEDULE NO.	
	ding Off		l Finance Center		2/20/92		2/31/91		<b>-</b> .	
			n: Code 40	٥	ONTRACT NUMBER AND				PAID BY	•
	gton DC			<u> </u>	NOO014-88K-					
Wasiiiik	gcon be	200	371 3400		EQUISITION NUMBER AND	DEATE				
				1					•	,
	Г					7				
PAYEE'S	C	ASE	WESTERN RESERVE U	UNIVERS	ITY	•				
NAME	. 0	ONTE	ROLLER'S-GRANTS AC	CCOUNTI	NG			ŀ	DATE INVOICE R	ECEIVED
AND ADDRESS			ONE THIRD FLOOR							
			D EUCLID AVENUE						DISCOUNT TERM	AS
	LC	LEVE	ELAND OH 44106-70	006		اــَـ				
								Ī	PAYEE'S ACCOU	
	c Ferro	<u>Lab</u>				H. I	shida		221-	3500–6795
SHIPPED FROM			то			,	WEIGHT		GOVERNMENT B	/L NUMBER
NUMBER	DATE	OF T	ADTICI CO	00.050\00	-0		<del></del>			
AND DATE	DELIVE	RY	ARTICLES ( Enter description, item numb	er of contract	t or Federal supply	QUAN-		PRICE	Al Al	TNUON
OF ORDER	OR SER	VICE	schedule, and other infor	mation deen	ned necessary)	****	COST	PER		(1)
	12/1/9	21	For details see	contin	nation sheet	_				
	12/1/	1	TOT GCCGITTO DCC	00110211	data bilett					
	to		Total Amount cla	nimed t	ransferred		CURREN.	r	\$129	-86
			from page 1035-A	۸.					. 4220	,
	12/31	/91	• •							
			Cost Reimbursabl	e						
	1									
(Use continuation PAYMENT:					use the space be	low)		TOTAL	\$129	.86
PROVISIONAL	APPROV	בט רט	=\$	EXCHANG		DIFFE	RENCES			
COMPLETE	BY 2		=3		=\$1.00					
PARTIAL					-					
FINAL			6			4	verified; correc	****		
PROGRESS	TITLE			7		(Signature o		at for		
ADVANCE		i		/			o and			
Pursuant to author	ty vested in me	certify	that the voycher is correct and prope	er for payment	. 1		; /			
	$\sim$ $M$	Adl	11		11.	,	the	1	+ 1	
111151	47) IN	IM	MIO		fldMi	INISI	CHIVE	ON	rading	7
((Ulate)	<u> </u>		(Authorized Certifying Officer)			,	4	(Title)	MFF-K	
			ACC	COUNTING	CLASSIFICATION					
			•							
					•					1
										1
			•							. [
CHECK NUME	ER		ON ACCOUNT OF U.S. TI	REASURY	CHECK NUMBER		ON War	d b 1	.1	
n			0.0.0000111 01 0.0.11	nenouri .	CHECK NUMBER		ON (Nam	e or dani	Ø	
CASH			DATE		PAYEE 3					
s										
When stated in fore	ign currency, ins	ert name	e of currency.		1	1	PER	····		
approving officer wi	II sign in the space	ce provi	prove are combined in one person, ded, over his official title.							1
When a voucher is	receipted in the r	name of	a company or corporation, the name igns, must appear. For example: "Joh	of the person	writing the company or company or company or company	rporate	TITLE			
"Treesurer", as the	case may be.				, pur sont distil, dell'éd	-, . u			•	

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

Signature Form 1034 Revised October 1987 Department of the Treese 2 TFM 4-2000 1804-121	77			FOR PURCHASE R THAN PERSO				voucher No. 24 Final
Commandii U.S. Nav	ng Office y Regiona	l Finance Ce		2/20/92 CONTRACT NUMBER AND	12	1/88 /31/91		SCHEDULE NO. PAID BY
	n 206 Att	n: Code 40 371-5400	•	NOOO14-88K- REQUISITION NUMBER AN			·	
PAYEE'S NAME AND ADDRESS	CASE CONTI UCRC 1090 CLEVI	WESTERN RES ROLLER'S-GRA ONE THIRD F D EUCLID AVE ELAND OH 44	NTS ACCOUNTI LOOR NUE		٦ ١. ١٤	shida		DATE INVOICE RECEIVED  DISCOUNT TERMS  PAYEE'S ACCOUNT NUMBER  221-3500-6795
SHIPPED FROM			то		14	EIGHT	1	GOVERNMENT B/L NUMBER
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	(Enter description, l	RTICLES OR SERVIC item number of contra other information dee	ct or Federal supply	QUAN- TITY	UNIT	PRICE	AMOUNT (1)
·	12/1/91 to 12/31/91		nt claimed t 1035-A.	ransferred		CURREN		\$129.86
(Use continuation sheet	et(s) if necessary)  APPROVED FO			use the space be	low)	-	TOTAL	\$129.86
PROVISIONAL	APPROVED FO	=\$	EXCHAN	GE RATE =\$1.00	DAFFER	ENCES		
COMPLETE	BY <sup>2</sup>							
PARTIAL TIME								
PROGRESS	TITLE		7			erified; correc	ct for	
☐ ADVANCE	0	. 1 1	> / .		(Signature o	THERES)		
Pursuant to authority ve	ested in me in certify	(Authorized Certif		CLASSIFICATION	MSI	AINS	(Title)	Tracting of the Comment
CHECK NUMBER		ON ACCOUNT	OF U.S. TREASURY	CHECK NUMBER	*	ON (Nam	e of bank	)
CASH		DATE		PAYEE 3				
approving officer will sig When a voucher is rece	and authority to ap in in the space provioted in the name of	prove are combined in o ided, over his official title. If a company or corporation	n, the name of the perso	e only is necessary; otherw	rise the	PER		
name, as well as the case "Treesurer", as the case vious edition usable	pacity in which he s	signs, must appear. For ex	ample: "John Doe Comp	any, per John Smith, Secret	ary", or	ITTLE		NSN 7540-00-900-223

September 1973 4 Treasury FRM 2000 1035-110

## PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

CONTINUATION SHEET

VOUCHER NO.

24 Final
SCHEDULE NO.

SHEET NO.

U.S. DEPARTMENT,	BUREAU, OR ESTAI		221-3500-6795				
NUMBER AND DATE	DATE OF DELIVERY	ARTICLES OR SE	RVICES	QUAN-	UNIT	PRICE	AMOUNT
OF ORDER	OR SERVICE	(Enter description, item number of schedule, and other informatic	contract or Federal supply in deemed necessary)	TITY	COST	PER	
CONTROLLI UCRC ONE 10900 EUC	•	E			ACT NO ACT AM		0014-88K-0631 -300,000,00
	12/1/91	to 12/31/91	CURRENT				CUMULATIVE
	Travel Comm & S Equipmer Maint & Fellowsh Overhead	Services hipping t Repairs ip red Overhead  "I certify that all e payments requested ar and are in accordance forth in the applicat	re for appropriate with the agreem	orted finents socument	coses set cs."		96,183.59 18,332.58 20,987.37 652.00 4,315.52 1,282.75 79,150.95 4,360.84 1,049.51 74,639.00 (954.11) 300,000.00

September 1973 4 Treasury FRM 2000 1035-110

# PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

24 Final
SCHEDULE NO.

SHEET NO.

CONTINUATION SHEET

			TINUATION SHEET				
.S. DEPARTMENT,	Bureau, or estab	LISHMENT	221-3500-6795				•
NUMBER AND DATE	DATE OF DELIVERY	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply			UNIT PRICE		AMOUNT
OF ORDER	OR SERVICE	schedule, and other informa	of contract or reaeral supply stion deemed necessary)	QUAN- TITY	COST	PER	
ASE WEST	ERN RESER	VE UNIVERSITY					
		S ACCOUNTING		CONTR	ACT NO	NO.	0014-88K-0631
	THIRD FLO			CONTR	ACT AM	OUNT	300,000.00
	LID AVENU						300700
LEVELAND	OH 4410	6-7006					
				}			
			•				
	12/1/01	to 12/31/91	CURRENT				CUMULATIVE
	12/1/91	10 12/31/91	Ooldinata				00110211212
0	Salaries		0				96,183.59
	Fringe		0				18,332.58
	Supplies		18.10				20,987.37
		Services	0				652.00
	Travel		0				4,315.52
	Comm & S	hipping	0				1,282.75
	Equipmen		0		İ		79,150.95
	Maint &		0				4,360.84
]	Fellowsh		0	- 1	ļ		1,049.51
İ	Overhead	•	1,065.87				74,639.00
	Cost Sha	red Overhead	(954.11	)			(954.11)
			129.86		Ĭ		300,000.00
				1	ļ		
					j		
İ	j			1			
	l			i			
İ	ĺ						
Ī	ļ.						
	i			-			
			·	1	I		
	1	(x,y) = (x,y) + (x,y)			1		
			`	ĺ	İ	1	
						1	
					- 1		
1	-				- 1		•
		"I certify that all	evnenditures ren	ortod le	- l	i	
		payments requested					
	1	and are in accordan					
		forth in the applic					
			acton and award d		-		
	ļ		20	0			
		Il and	+ X	_V.1:		1	
		Anthony F. Bra	idic, Assistant Co	ontroll	er	-	
- 1		216/368-4280	7				
		220,000 1200					
1	1			- 1		1	
						l	

September 1973 4 Treasury FRM 2000 1035-110

## PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

CONTINUATION SHEET

VOUCHER NO.

24 Final
SCHEDULE NO.

SHEET NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT

221-3500-6795

NUMBER AND DATE	DATE OF DELIVERY	ARTICLES OR SERV	CES	QUAN-	UNIT PRICE		THUOMA	
OF ORDER	OR SERVICE	(Enter description, item number of con schedule, and other information a	eemed necessary)	TITY	COST	PER		
ASE WEST	ERN RESER	VE UNIVERSITY						
		S ACCOUNTING		CONTR	ACT NO	• NO	0014-88K-0631	
	THIRD FLO			CONTR	ACT AM	OUNT S	300,000.00	
	LID AVENU			001111			300,000,00	
	OH 4410							
DE A EIDEANE	011 4419	0-7000						
					Ī			
	12/1/01	h- 12/21/01	CURRENT		1		CUMULATIVE	
	12/1/91	to 12/31/91	CORRENT				COMOLATIVE	
	Salaries		0				96,183.59	
	4		0		1		18,332.58	
	Fringe		18.10		l		20,987.37	
	Supplies	Garagi and	T I	ŀ	į			
	1	Services	0		j		652.00	
	Travel		0		1		4,315.52	
	Comm & S		0	İ		j	1,282.75	
	Equipmen		0	1			79,150.95	
	Maint &		0		1	1	4,360.84	
	Fellowsh	ip	0		İ		1,049.51	
	Overhead		1,065.87	İ	ļ	.	74,639.00	
	Cost Shar	red Overhead	(954.11)		Ì		(954.11)	
			129.86	1	İ		300,000.00	
	1	•			}			
				4		1		
					İ	1		
				į				
	}			İ				
l	ł							
	1			- 1				
	}			- 1		1		
- 1	1			1	- 1	ŀ		
1				1				
					l	1		
					ŀ	1		
	1					l		
						1		
		"I certify that all exp	enditures repo	rted f	or	į.		
1	J	payments requested are						
	1	and are in accordance v	ith the agreem	ents	et		•	
1	1	forth in the application	on and award do	cument	s."			
		- A						
	}	(a 1)	A 1	0.1			•	
	1	11-4	+ XS	.V.1				
		Anthony F. Braidie	Assistant Co	ntrol	ler			
		216/368-4280	, restorair (C	AICE OF	rer			
		210/ 300-4200						
							•	
1			1	1	1			

on requested on this routin is required under the provisions of 31 U.S.C. 820 and 82c, for the purpose of disbursing Federal money.

CO	NTRACT COMPLETION ST	TATEMEN	
1. FROM:(Contract Administration Office)	THURST COM EL HON 31	MIEMENE	
Office of Naval Research		24. PN NUMBER	
Regional Office		N00014-88-K-063	
536 South Clark St., Room 208		2b. LAST MODIFICATION N	UMBER
Chicago, IL 60605-1588		P00001	
,		2c. CALL/ORDER NUMBER	
2. TO: (Name and Address of Purchasing Office and Office	symbol of the PCO, If known)	4. CONTRACTOR IDENTIT	Y CODE AND ADDRESS
Department of Naval Research		Case Western Res	serve University
Office of the Chief of Naval Research			100
800 North Quincy Street		Cleveland, OH 44	106
Arlington, VA 22217-5660			
7 tilligton, VA 22217-3000		5. EXCESS FUNDS	YES NO
6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLET ITEMS 6b AND 6c.	E 46. VOUCHER NUMBER		C. DATE
7a. IF FINAL APPROVED INVOICE FORWARDED TO	D.O. 7b. INVOICE NUMBER		7c. DATE FORWARDED
OF ANOTHER ACTIVITY AND STATUS OF PAYMENT I UNKNOWN, COMPLETE ITEMS 7b. AND 7c.	24		11/8/95
0.00			
a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRE	O Total amount billed O Unexpended		
0.00  Oa. ALL ADMINISTRATION OFFICE ACTIONS REQUIRE	O Total amount billed O Unexpended  ED HAVE BEEN FULLY AND SAION CONTRACT.		SHED. THIS INCLUDES
Da. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED IN THE CASE OF A PRICE REVISED IN THE CASE OF A PRICE REVISED IN THE CASE OF A PRICE REVISED IN TYPED NAME OF RESPONSIBLE OFFICIAL ODD IN THE CASE OF A PRICE REVISED IN T	O Total amount billed O Unexpended  ED HAVE BEEN FULLY AND SAION CONTRACT.  9c. SIGNATURE  OR PURCHASING OFFICE USE	ATISFACTORILY ACCOMPLIS	9d. DATE / 95
Da. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED IN THE CASE OF A PRICE REVISION OFFICIAL OFFICIAL OFFICIAL OCCUPANTION OFFICIAL OCCUPANTION	O Total amount billed O Unexpended  ED HAVE BEEN FULLY AND SATION CONTRACT.  9c. SIGNATURE  PR PURCHASING OFFICE USE  HAVE BEEN FULLY AND SATION W (Check this box only if final eyond close-out date shown in	ONLY.  ISFACTORILY ACCOMPLISH  completion of any significant item 9d. above. In such cas	ED. CONTRACT FILE CF
Da. ALL PURCHASING OFFICE ACTIONS REQUIRED HIS OFFICE IS HEREBY CLOSED AS OF:  DATE SHOWN IN TEM 90 ABOVE extends more than three months be completed form upon final accompli	O Total amount billed O Unexpended  ED HAVE BEEN FULLY AND SATION CONTRACT.  9c. SIGNATURE  PR PURCHASING OFFICE USE  HAVE BEEN FULLY AND SATION W (Check this box only if final eyond close-out date shown in	ONLY.  ISFACTORILY ACCOMPLISH  completion of any significant item 9d. above. In such cas	ED. CONTRACT FILE CF
Da. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED INAL SETTLEMENT IN THE CASE OF A PRICE REVISION OFFICE NAME OF RESPONSIBLE OFFICIAL ODD IN THE CASE OF A PRICE REVISION OF THE CASE OF THE	O Total amount billed O Unexpended  ED HAVE BEEN FULLY AND SATION CONTRACT.  9c. SIGNATURE  PR PURCHASING OFFICE USE  HAVE BEEN FULLY AND SATION W (Check this box only if final eyond close-out date shown in	ONLY.  ISFACTORILY ACCOMPLISH  completion of any significant item 9d. above. In such cas	ED. CONTRACT FILE CF
Da. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED INAL SETTLEMENT IN THE CASE OF A PRICE REVISION OFFICE NAME OF RESPONSIBLE OFFICIAL ODD IN THE CASE OF A PRICE REVISION OF THE CASE OF THE	O Total amount billed O Unexpended  ED HAVE BEEN FULLY AND SATION CONTRACT.  9c. SIGNATURE  PR PURCHASING OFFICE USE  HAVE BEEN FULLY AND SATION W (Check this box only if final eyond close-out date shown in	ONLY.  ISFACTORILY ACCOMPLISH  completion of any significant item 9d. above. In such cas	ED. CONTRACT FILE CF
Da. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED INAL SETTLEMENT IN THE CASE OF A PRICE REVISION OFFICE NAME OF RESPONSIBLE OFFICIAL ODD IN THE CASE OF A PRICE REVISION OF THE CASE OF THE	O Total amount billed O Unexpended  ED HAVE BEEN FULLY AND SATION CONTRACT.  9c. SIGNATURE  PR PURCHASING OFFICE USE  HAVE BEEN FULLY AND SATION W (Check this box only if final eyond close-out date shown in	ONLY.  ISFACTORILY ACCOMPLISH  completion of any significant item 9d. above. In such cas	ED. CONTRACT FILE CF
Da. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED INAL SETTLEMENT IN THE CASE OF A PRICE REVISION OFFICE NAME OF RESPONSIBLE OFFICIAL ODD IN THE CASE OF A PRICE REVISION OF THE CASE OF THE	O Total amount billed O Unexpended  ED HAVE BEEN FULLY AND SATION CONTRACT.  9c. SIGNATURE  PR PURCHASING OFFICE USE  HAVE BEEN FULLY AND SATION W (Check this box only if final eyond close-out date shown in	ONLY.  ISFACTORILY ACCOMPLISH  completion of any significant item 9d. above. In such cas	ED. CONTRACT FILE CF
Da. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED INAL SETTLEMENT IN THE CASE OF A PRICE REVISION OFFICE NAME OF RESPONSIBLE OFFICIAL ODD IN THE CASE OF A PRICE REVISION OF THE CASE OF THE	O Total amount billed O Unexpended  ED HAVE BEEN FULLY AND SATION CONTRACT.  9c. SIGNATURE  PR PURCHASING OFFICE USE  HAVE BEEN FULLY AND SATION W (Check this box only if final eyond close-out date shown in	ONLY.  ISFACTORILY ACCOMPLISH  completion of any significant item 9d. above. In such cas	ED. CONTRACT FILE CF
Da. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED INAL SETTLEMENT IN THE CASE OF A PRICE REVISION OFFICE NAME OF RESPONSIBLE OFFICIAL ODD IN THE CASE OF A PRICE REVISION OF THE CASE OF THE	O Total amount billed O Unexpended  ED HAVE BEEN FULLY AND SATION CONTRACT.  9c. SIGNATURE  PR PURCHASING OFFICE USE  HAVE BEEN FULLY AND SATION W (Check this box only if final eyond close-out date shown in	ONLY.  ISFACTORILY ACCOMPLISH  completion of any significant item 9d. above. In such cas	ED. CONTRACT FILE CF
DATE SHOWN IN TEM 9d ABOVE  DATE SHOWN IN THE MARKS  DESCRIPTION OFFICE ACTIONS REQUIRED HIS OFFICE IS HEREBY CLOSED AS OF:  DATE SHOWN IN ITEM 9d ABOVE  DATE SHOWN IN ITEM 10e BELOW extends more than three months be completed form upon final accomplist receipt, the contract administration of the receipt.	O Total amount billed O Unexpended  ED HAVE BEEN FULLY AND SATION CONTRACT.  9c. SIGNATURE  PR PURCHASING OFFICE USE  HAVE BEEN FULLY AND SATION W (Check this box only if final eyond close-out date shown in	ONLY.  ISFACTORILY ACCOMPLISH  completion of any significant item 9d. above. In such cas	ED. CONTRACT FILE CF
Da. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED INAL SETTLEMENT IN THE CASE OF A PRICE REVISION OFFICE NAME OF RESPONSIBLE OFFICIAL ODD IN THE CASE OF A PRICE REVISION OF THE CASE OF THE	O Total amount billed O Unexpended  ED HAVE BEEN FULLY AND SATION CONTRACT.  9c. SIGNATURE  PR PURCHASING OFFICE USE  HAVE BEEN FULLY AND SATION W (Check this box only if final eyond close-out date shown in	ONLY.  ISFACTORILY ACCOMPLISH  completion of any significant item 9d. above. In such cas	ED. CONTRACT FILE CF

CONTRAC	T COMPLETION STA	TEMENT		
1. FROM:(Contract Administration Office)		2a. PII NUMBER		
Office of Naval Research	N00014-87-K-0811			
Regional Office 101 Marietta Tower Suite 2805	2b. LAST MODIFICATION NUM	MBER		
101 Marietta Tower, Suite 2003	P00005			
Atlanta, GA 30303		2c. CALL/ORDER NUMBER		
Atlanta, GA 00000				
2. TO: (Name and Address of Purchasing Office and Office symbol	of the PCO, If known)	4. CONTRACTOR IDENTITY	CODE AND ADDRESS	
		University of Maryland	d at College Park	
Defense Finance Accounting Service			d Grant Acct. Rm.1410	
Charleston Operating Location		College Park, MD 20742	2	
Attn: FPVG				
P.O. Box 71489	•	5. EXCESS FUNDS	YES NO	
North Charleston, SC 2914-1489		\$119.38		
	T	<u> </u>		
6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE	6b. VOUCHER NUMBER		6c. DATE	
ITEMS 6b AND 6c.			7c. DATE FORWARDED	
7a.IF FINAL APPROVED INVOICE FORWARDED TO D.O. OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS	7b. INVOICE NUMBER			
UNKNOWN, COMPLETE ITEMS 7b. AND 7c.				
8. REMARKS				
	0.050.00 T. / /			
·	•	mount obligated to Cor mount billed	ntract	
\$	<u>5,130.62</u> Total a 119.38 Unexpe			
•	119.30 Ollexpe	enaea		
First			4004 - 5	
Final voucher No. 28899-12 in the amount of \$0.00 the amount of \$119.38 is in the file. The Office of Na				
are amount of \$110.00 is in the file. The Office of Na		and detail to decaphydic t		
9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HA		TISFACTORILY ACCOMPLISE	HED. THIS INCLUDES	
FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION C  9b. TYPED NAME OF RESPONSIBLE OFFICIAL	9c. SIGNATURE//	1/1-	9d. DATE	
Douglas Heaton ACO	h. 10 // 10	Naction	J MAIL 91	
ACC	k allycus	V Jeano"	18 MAY 16	
· FOR PU	RCHASING OFFICE USE	ONLY		
10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE	E BEEN FULLY AND SAT	SFACTORILY ACCOMPLISHE	ED. CONTRACT FILE OF	
THIS OFFICE IS HEREBY CLOSED AS OF:  DATE SHOWN IN ITEM 9d ABOVE				
☐ DATE SHOWN IN ITEM 10e BELOW (C)	heck this box only if final	completion of any significant	purchasing office action	
extends more than three months beyond completed form upon final accomplishme.				
receipt, the contract administration office				
10b, REMARKS				
IVU, ALMANA				
	•			
		•		
10c. TYPED NAME OF RESPONSIBLE OFFICIAL	10d. SIGNATURE		10e. DATE	

DATE: May 6, 1996

Subject Grant/Contract No.:_	N00014-87-K-0811	
•		
Grantee/Contractor: University	ty of Maryland at College Park	

- 1. On the basis of the following information, the undersigned concludes that the subject contract may be closed out and total costs invoiced in the amount of \$846,130.62 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. University of Maryland is a HHS cognizant institution. The contract is over \$500,000.00. The basis for certifying is the costs is the fact that the contract expired before January 1, 1991 and review as explained in paragraph 4 below. Excess funds in the amount of \$119.38 remain on this amount. The Office of Naval Research should take action to deobligate these funds. The final voucher no. 28899-12, dated 11/18/91 is in the file.
- 2. The subject contract began on 01 October 1987 and was completed on 30 September 1990. The total estimated cost of the contract was \$978,999.00.
- 3. The contractor has met all obligations under the referenced contract, including the following. The Final Technical and Patent Report was accepted by the government. The Final Report of Property accountable under the contract was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.
- 4. Total costs billed have been reviewed and the following observations and findings resulted:
- a. The HHS accepted A-110 audit covering the period of performance reported that the Contractor has a financial system in place that protects the interest of the Federal Government.
- b. Specific finding, with regard to the individual cost elements, are as follows:
  - (1) Direct Labor & Fringe Benefits Amounts charged were in agreement with those initially proposed.
  - (2) Overhead Contractor charged the correct HHS negotiated on-campus rate.
  - (3) Materials/Supplies Contractor charged what was budgeted.
  - (4) Travel Travel was at budget and all domestic.
  - (5) Equipment Equipment was charged at budget.
  - (6) Other Direct Costs Were reasonable and accepted.

(6) Other Direct Costs - Were reasonable and accepted.

In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.

Ed Fadollon

ads Senior Contract Specialist

# CONTRACTOR'S ASSIGNMENT OF REFUNDS, REBATES AND CREDITS

Pursuant to the terms of Contract No. NO0014 87K 0811 consideration of the reimbursement of costs and payment of fee, as provided in the said contract and any assignment thereunder, the University of Maryland. (hereinafter called the Contractor) does hereby:

- Assign, transfer, set over and release to the UNITED STATES OF AMERICA (hereinafter called the Government), all right, title and interest to all refunds, rebates, credits or other amounts (including any interest thereon) arising out of the performance of the said contract. together with all the rights of action accrued or which may hereafter accrue thereunder.
- 2. Tiree to take whatever action may be necessary to effect prompt collection of all refunds, rebates, credits, or other amounts (including any interest thereon) due or which may become due, and to promptly forward to the (Treasurer of the United States ), checks (made payable to the Treasurer of the United States) for any proceeds so collected. The reasonable costs of any such action to effect collection shall constitute allowable costs when approved by the Contracting Officer as stated in the said contract and may be applied to reduce any amounts otherwise payable to the Government under the terms hereof.
- 3. Agree to cooperate fully with the Government as to any claim or suit in connection with refunds, rebates, credits, or other amounts due (including any interest thereon), to execute any protest, pleading, application, power of attorney or other papers in connection therewith; and to permit the Government to represent it at any hearing, trial or other proceeding arising out of such claims or suit.

IN WITNESS WHEREOF, this assignment has been executed this 18th day of November **, 19** 91.

UNIVERSITY OF MARYLAND

WITNESS

WITNESS

Eric Carter, Manager

Contract No	N00014	87K	0811
Contractor'	Release		

# CONTRACTOR'S RELEASE

Pursuant to the terms of Contract No. N00014 87K 0811 and in consideration of the sum of (\$ 846,130.62 ) Eight Hundred Forty Six Thousand One Hundred Thirty Dollars and Sixty Two Cents.

which has been or is to be paid under the said contract to the Univsity of Maryland, College Park, Maryland (hereinafter called the Contractor) or to its assignees, if any, the Contractor upon payment of the said sum by the UNITED STATES OF AMERICA (hereinafter called the Government), does remise, release and discharge the Government, its officers, agents and employees of and from all liabilities, obligations, claims, and demands whatsoever under or arising from the said contract, except:

- Specified claims in stated amounts or in estimated amounts where the amounts are not susceptible of exact statement by the Contractor as follows:
- 2. Claims, together with reasonable expenses incidental thereto based upon the liabilities of the Contractor to third
  parties arising out of the performance of the said contract,
  which are not known to the Contractor on the date of the
  execution of this release and of which the Contractor gives
  notice in writing to the Contracting Officer within the period specified in the said contract.
  - 3. Claims for reimbursement of costs (other than expenses of the Contractor by reason of its indemnification of the Government against patent liability), including reasonable expenses incidental thereto incurred by the Contractor under the provisions of the said contract relating to patents.

The Contractor agrees, in connection with patent matters and with claims which are not released as set forth above, that it will comply with all of the provisions of the said contract, including without limitation those provisions relating to notification to the Contracting Officer and relating to the defense or prosecution of litigation.

IN WITNESS WHEREOF, this release has been executed this 48th day of November , 19 91

UNIVERSITY OF MARYLAND

WITNESS

WITNESS

By:

Eric Carter, Manager

Standard Fo 7 GAO 1034-		1	PUBLIC VOUCHER SERVICES OTH					28899-12 Fina
			MENT AND LOCATION	DATE VOUCHER PREP November 8,				SCHEDULE NO.
	ng Office		ao Ctr	CONTRACT NUMBER				PAID BY
	y Régiona m. 206, A			N00014 87K 0				
	on, DC 20			REQUISITION NUMBER	R AND DAT	,		
PAYEE'S NAME AND	28899-12 Office of Co	Final ontract/G	nd College Park rant Accounting ce Building		٦		-	DATE INVOICE RECEIVED
ADDRESS	College Par				_			DISCOUNT TERMS
							1	PAYEE'S ACCOUNT NUMBER
			70		WEI	SUT		28899-12 Final
SHIPPED FROM			то		VVEI	<b>2</b> 111		
NUMBER AND DATE	DATE OF DELIVERY	(Enter	ARTICLES OR SERVICE description, item number of co	entract or Federal	QUAN-		PRICE	AMOUNT
OF ORDER	OR SERVICE	supply s	chedule, and other information	deemed necessary)		COST	PER	
22 Septer thru	ber 1990	Cost	Reimbursable					\$712.51
	ber 1990							
		"I cert:	ify to the best o	of my knowled	ge and	belie	f tha	t
		all exp	penditures report	ted (or payme	nt req	ested)	) are	for .
·		approp	riate purposes an application and	nd in accorda	nce wi	th the	prov	1510n5.
		,	Eric Carter, Ma	Phopot		Date	<u>8-</u> ])	
(Use continuation she	eet(s) if necessary)		(Payee must NOT	use the space be	low)	T	DTAL	\$712.51
	APPROVED FOR			IGE RATE		ERENCES.		
COMPLETE		=\$		<b>=\$1.00</b>				
PARTIAL FINAL	BY:1							
- managers	TITLE				Amount	verified; cor	rect for	
ADVANCE	"""				(Signature			<u> </u>
Pursuant to autho	gity vested in me,	I cortify that	this voucher is correct and prop	per for payment. DOUG	LAS E. H	FATON		
8 MAY 90	o X su	Klis	C. (Malt	~>	istrative I	Contractin		or-
(Date)		(Aut)	orized Certifying Officer) 2				ritle)	
			ACCOUNTING	G CLASSIFICATION_				
				•				
	*							
	50	ON TREASUR	ER OF THE UNITED STATES	CHECK NUMBER	O	N (Name of	Bank)	
CHECK NUMB	EN							
20		ATE_		PAYEE'	•			
CASH	D		-	PAYEE <sup>3</sup>	. •			
CASH & When stated in fo	D reign currency, in	sert name of	re combined in one berson, on	e signature only is neces	PE	R		
CASH  8  When stated in for it the ability to car otherwise the approximation of the approxim	D reign currency, in rtify and authority proving officer wil	isert name of to approve a I sign in the a	currency re combined in one person, on pace provided, over his official any or corporation, the name of to the signs, must appear. For exar	e signature only is neces title.	sary;			

### STANDARD FORM 1035 SEPTEMBER 1973 4 TREASURY FRM 2000 /1035-113

# PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO. 28899-12 Final SCHEDULE NO.

SHEET NO. 2 of 2

CONTINUATION SHEET

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT

U.S. Navy Reg Fin Ctr, Wash DC 20371-5400 DATE OF DELIVERY OR SERVICE UNIT PRICE **AMOUNT ARTICLES OR SERVICES** NUMBER QUAN-(Enter description, item number of contract or Federal AND DATE TITY PER supply schedule, and other information deemed necessary) COST University of Maryland College Park FED ID # 1 526002036/ 28899-12 Final Office of Contract/Grant Accounting Room 1410 Service Building College Park, MD 20742 Contract No.: N00014 87K 0811 Estimated Cost \$ 846,250.00 Contract Period: 10/1/87-9/30/90 ANALYSIS OF CLAIMED CURRENT AND CUMULATIVE COSTS Amount for Cumulative Current Period Amount From Major Cost Billed Inception, Elements Salaries and Wages 210 \$421,376.67 (3 66) 1. 293 26) 92,743.79 2. Fringe Benefits Materials, Supplies and Services 803 43 97,257.69 3. 3 10,611.96 4. Travel -0-Sub Total (Subject To Overhead) 299 51 621,990.11 5. 6. Equipment 31,559.92 -0-Other 0.00 7. -0-**TOTAL DIRECT COSTS** 8. 51 299 653,550.03 9. Overhead 413 00 192,580.59 @ % Adjustment\* Previous Overhead 10. TOTAL COST s 846,130.62 712 \$ 45,030.99\* 25 45.758.55 22 59,152.02\* 46 ૠ 42,639.03 40.5% \$192,580.59 \*Acount should have charged 25% MTD¢ overhead rate (off campus) and 46% MTDC overhead rate (on campus) effective 10/1/88.

- CONTRAC	CT COMPLETION STA	TEMENT			
1. FROM:(Contract Administration Office)		2a. PII NUMBER			
Office of Naval Research		N00014-86-K-0286			
Regional Office		2b. LAST MODIFICATION NUMBER			
101 Marietta Tower, Suite 2805					
101 Marietta Street		A00003			
Atlanta, GA 30303		2c. CALL/ORDER NUMBER			
2. TO: (Name and Address of Purchasing Office and Office symbol	of the PCO, If known)	4. CONTRACTOR IDENTITY O	ODE AND ADDRESS		
		University of Maryland	•		
Defense Finance Accounting Service			Grant Acct. Rm.1410		
Charleston Operating Location		College Park, MD 20742	2		
Attn: FPVG					
P.O. Box 71489		5. EXCESS FUNDS	YES NO		
North Charleston, SC 2914-1489		\$ 14.57	110 22 110		
		\$ _14.57			
6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b AND 6c.	6b. VOUCHER NUMBER		6c. DATE		
7a.IF FINAL APPROVED INVOICE FORWARDED TO D.O. OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b. AND 7c.	7b. INVOICE NUMBER	7c. DATE FORWARDED			
8. REMARKS		•			
· ·		l amount obligated to C	ontract *		
		amount billed			
\$	14.57 Unex	rpended			
Excess funds in the amount of \$14.57 remain on this deobligate these funds. Final voucher no. 28944-40					
9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HA FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION OF		TISFACTORILY ACCOMPLISE	HED. THIS INCLUDES		
9b. TYPED NAME OF RESPONSIBLE OFFICIAL	9c SIGNATURE	f t	9d. DATE		
Douglas Heaton	1 7 7	1 t	1 111		
ACO	- Colonica (1	kalon.	11 764 16		
6 FOR PU	RCHASING OFFICE USE	ONLY	•		
10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAV			D. CONTRACT FILE OF		
DATE SHOWN IN ITEM 9d ABOVE					
□ DATE SHOWN IN ITEM 10e BELOW (Concepted to the standard of	heck this box only if final d close-out date shown in	completion of any significant	purchasing office action		
completed form upon final accomplishme	nt of all purchasing offic	e actions to the contract admi	nistration office. (Upon		
receipt, the contract administration office	shall extend its contract	file close-out date accordingly	<i>(.</i> ))		
10b. REMARKS					
·					
10c. TYPED NAME OF RESPONSIBLE OFFICIAL	10d. SIGNATURE		10e. DATE		
·					

DATE: May 9, 1996

Subject Grant/Contract No.:	N00014-87-K-0286	
Grantee/Contractor: University	y of Maryland at College Park	

- 1. On the basis of the following information, the undersigned concludes that the subject contract may be closed out and total costs invoiced in the amount of \$374,612.43 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. University of Maryland is a HHS cognizant institution. The contract is under \$500,000.00. The basis for certifying cost is the cost analysis as explained in paragraph 4 below. Excess funds in the amount of \$14.57 remain on this amount. The Office of Naval Research should take action to deobligate these funds. The final voucher no. 28944-40, dated 08/4/93 is in the file.
- 2. The subject contract began on 15 March 1986 and was completed on 01 February 1990. The total estimated cost of the contract was \$374,627.00.
- 3. The contractor has met all obligations under the referenced contract, including the following. The Final Technical and Patent Report was accepted by the government. The Final Report of Property accountable under the contract was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.
- 4. Total costs billed have been reviewed and the following observations and findings resulted:
- a. The HHS accepted A-110 audit covering the period of performance reported that the Contractor has a financial system in place that protects the interest of the Federal Government.
- b. Specific finding, with regard to the individual cost elements, are as follows:
  - (1) Direct Labor & Fringe Benefits Amounts charged were in agreement with those initially proposed.
  - (2) Overhead Contractor charged the correct HHS negotiated on-campus rate.
  - (3) Materials/Supplies Contractor charged what was budgeted.
  - (4) Travel Travel was at budget and all domestic.
  - (5) Equipment No equipment was charged.
  - (6) Other Direct Costs Were reasonable and accepted.

In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.

EdFadullon

ads Senior Contract Specialist

	Standard Fo 7 GAO 1034	5000			FOR PURCHA				voucher no. Revised 8944-40 Final
U			OR ESTABLISHMENT AND LOCATION	v T	DATE VOUCHER PREPA August 4, 19	<del>)</del> 93			SCHEDULE NO.
	U.S. Na CM #3,	vy Region	al Finance Center Attn: Code 40		CONTRACT NUMBER A NOO14 86K REQUISITION NUMBER	0286		-	PAID BY
	PAYEE'S 28944-40 Revised Final Office of Contract/Grant Accounting Room 1410 Service Building College Park, MD 20742							[	DATE INVOICE RECEIVED DISCOUNT TERMS PAYEE'S ACCOUNT NUMBER
	IIPPED FROM		то			) A / E / C	7.17°		GOVERNMENT B/L NUMBER
3	TIPPED PROM		,			WEIG	יווני		8944-40 Rev Final
	NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES O (Enter description, item nur supply schedule, and other in	mber of col	ntract or Federal	QUAN- TITY	UNIT	PRICE PER	AMOUNT (1)
	31 Janua	ry 1990 hru	Cost Reimbursable		assimos necessary,				-0-
	1 Febru	ary 1990	"I certify to the best that all expenditures are for appropriate the provisions of the	report purpose e applic	ed (or payment es and in accord	reques	ted) rith	1/72	
			For E	Eric Ca	rter, Manager		Da	te	
(Us	e continuation sl	neet(s) if necessary		·	use the space be	low)	T	OTAL	-0-
P/	AYMENT: COMPLETE	APPROVED FO	=\$	EXCHAN	GE RATE =\$1.00	DIF	FERENCES	<del></del>	
	PARTIAL FINAL	BY:2							
	PROGRESS	TITLE				Amount	verified; co	rrect for	
	ADVANCE					(Signature	or Initials)		
Pu		ority vested in m	e, I certify that this voucher is corre	ct and prop	B . 5 .	GLAS E.			
Ш	(Date)	1100	(Authorized Certifying Off	ficer! 2		nistrative		ing Offic (Title)	er
			<del></del>		G CLASSIFICATION			, ,	
β¥	CHECK NUM	BER	ON TREASURER OF THE UNITED	STATES	CHECK NUMBER		ON (Name o	of Bank)	
PAID	CASH \$		DATE		PAYEE <sup>3</sup>				
<sup>2</sup> If ot <sup>3</sup> W	the ability to d herwise the a hen a voucher corporate name	ertify and autho pproving officer is receipted in the ne, as well as the	, insert name of currency rity to approve are combined in one will sign in the space provided, over a name of a company or corporation, th capacity in which he signs, must appe asurer", as the case may be.	his official te name of t	title. the person writing the co	essary; mpany T	TER		

STANDARD FORM 1035 SEPTEMBER 1973 4 TREASURY FRM 2000 1035-113

# PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

# ICES OTHER THAN PERSONAL

VOUCHER NO. 28944-40 Rev Final SCHEDULE NO.

OCHEDOLE NO

SHEET NO.

**CONTINUATION SHEET** 

		CONTINUATION SHEE				2 01 2
		or establishment al Finance Center, Washington, DC 20371				
NUMBER	DATE OF DELIVERY	ARTICLES OR SERVICES	QUAN-	UNIT	PRICE	AMOUNT
AND DATE OF ORDER	DELIVERY OR SERVICE	(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	TITY	COST	PER	
		University of Maryland College Park  28944-40 Revised Final Office of Contract/Grant Accounting Room 3121 South Administration Building College Park, MD 20742	FED ID	#1 526	002036	
		Contract No.: N00014 86K 0286 Contract Period: 3/15/86-2/1/90  ANALYSIS OF CLAIMED CURRENT AND CUMULATI		ted Cost	\$	374,627.00
		Major Cost Elements	Amour		·	Cumulative Amount From Inception
	1.	Salaries and Wages	\$	-0-		\$ 198,970.70
•	2.	Fringe Benefits		-0-		37,320.83
	3.	Materials, Supplies and Services		-0-		23,769.13
	4.	Travel		-0-		5,633.98
	5.	Sub Total (Subject To Overhead)		-0-		265,694.60
	6.	Equipment		-0-		703.01
	7.	Other		-0-		-0-
	8.	TOTAL DIRECT COSTS		-0-		266,397.73
	9.	Overhead  @ 46 % 5,621.54 @ 40.5 % 100,924.95 Adjustment* Previous Overhead 1,668.21		-0-		108,214.70
	. 10.	TOTAL COST	\$	-0-	:	s 374,612.43

# CONTRACTOR'S RELEASE

Pursuant to the terms of Contract No. N00014 86K 0286 and in consideration of the sum of (\$374,612.43) Three Hundred Seventy Four Thousand Six Hundred Twelve Dollars and Forty Three Cents, which has been or is to be paid under the said contract to the University of Maryland, College Park, Maryland (hereinafter called the Contractor) or to its assignees, if any, the Contractor upon payment of the said sum by the UNITED STATES OF AMERICA (hereinafter called the Government), does remise, release and discharge the Government, its officers, agents and employees of and from all liabilities, obligations, claims, agents and employees of and from all liabilities, obligations, claims, and demands whatsoever under or arising from the said contract, except:

- 1. Specified claims in stated amounts or in estimated amounts where the amounts are not susceptible of exact statement by the Contractor as follows:
- Claims, together with reasonable expenses incidental thereto based upon the liabilities of the Contractor to third parties arising out of the performance of the said contract, which are not known to the Contractor on the date of the execution of this release and of which the Contractor gives notice in writing to the Contracting Officer within the period specified in the said contract.
- 3. Claims for reimbursement of costs (other than expenses of the Contractor by reason of its indemnification of the Government against patent liability), including reasonable expenses incidental thereto incurred by the Contractor under the provisions of the said contract relating to patents.

The contractor agrees, in connection with patent matters and with claims which are not released as set forth above, that it will comply with all of the provisions of the said contract, including without limitation those provisions relating to notification to the Contracting Officer and relating to the defense or prosecution of litigation.

IN WITNESS WHEREOF, this release has been executed this 4th day of August, 1993.

	UNIVERSITY OF MARYLAND
0 100	(Contractor)
WITNESS Jour How Sour By:	Evin Carto
WITNESS Cynyllia The Comme	Eric Carter

# CONTRACTOR'S ASSIGNMENT OF REFUNDS, REBATES AND CREDITS

Pursuant to the terms of Contract No. N00014 86K 0286 and in consideration of the reimbursement of costs and payment of fee, as provided in the said contract and any assignment thereunder, the University of Maryland, (hereinafter called the Contractor) does hereby:

- 1. Assign, transfer, set over and release to the UNITED STATES OF AMERICA (hereinafter called the Government), all right, title and interest to all refunds, rebates, credits or other amounts (including any interest thereon) arising out of the performance of the said contract, together with all the rights of action accrued or which may hereafter accrue thereunder.
- 2. Agree to take whatever action may be necessary to effect prompt collection of all refunds, rebates, credits, or other amounts (including any interest thereon) due or which may become due, and to promptly forward to the (<u>Treasurer of the United States</u>), checks (made payable to the Treasurer of the United States) for any proceeds so collected. The reasonable costs of any such action to effect collection shall constitute allowable costs when approved by the Contracting Officer as stated in the said contract and may be applied to reduce any amounts otherwise payable to the Government under the terms hereof.
- 3. Agree to cooperate fully with the Government as to any claim or suit in connection with refunds, rebates, credits, or other amounts due (including any interest thereon), to execute any protest, pleading, application, power of attorney or other papers in connection therewith; and to permit the Government to represent it at any hearing, trial or other proceeding arising out of such claims or suits.

IN WITNESS WHEREOF, this assignment has been executed this 4th day of August, 1993.

	UNIVERSITY OF MARYLAND (Contractor)
WITNESS Custing Exer By:	Evin Courte
WITNESS Cynthia Duch	Eric Carter

CONTRA	CT COMPLETION STA	TEMENT			
1. FROM:(Contract Administration Office)		2a. PII NUMBER `			
Office of Naval Research		N00014-89-J-1034			
Regional Office		2b. LAST MODIFICATION NUMBER			
495 Summer Street, Rm 103		P00008			
Boston, MA 02210-2109					
		2c. CALL/ORDER NUMBER			
2. TO: (Name and Address of Purchasing Office and Office symbol	of the PCO, If known)	4. CONTRACTOR IDENTITY			
		Woods Hole Ocean	•		
Department of Naval Research		Grants and Contrac	ts Service		
Office of the Chief of Naval Research	•	Woods Hole, MA 02	2543		
800 North Quincy Street					
Arlington, VA 22217-5660		5. EXCESS FUNDS C	YES XX NO		
6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b AND 6c.	6b. VOUCHER NUMBER 24		6c. DATE 05/13/96		
7a. IF FINAL APPROVED INVOICE FORWARDED TO D.O. OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b. AND 7c.	7b. INVOICE NUMBER		7c. DATE FORWARDED		
8. REMARKS					
	Total amount obliga	_			
\$ 0.00	Unexpended				
,	,				
Final voucher No. 24 in the amount of \$0.00, dated	17 May 1996 is in the f	file.			
9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HA		ATISFACTORILY ACCOMPLIS	HED. THIS INCLUDES		
9b. TYPED NAME OF RESPONSIBLE OFFICIAL	9c. SIGNATURE		9d. DATE		
ACO	DITUT	0.4	8/2/9/		
	Meller 17 1a	nno	0/2/10		
FOR PU	RCHASING OFFICE USE	ONLY	•		
10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE THIS OFFICE IS HEREBY CLOSED AS OF:  DATE SHOWN IN ITEM 9d ABOVE DATE SHOWN IN ITEM 10e BELOW (Concepted form upon final accomplishing receipt, the contract administration office in the contract administration of the contract admi	theck this box only if final d close-out date shown in ent of all purchasing office	completion of any significan titem 9d. above. In such cast e actions to the contract adm	t purchasing office action es, submit a copy of the inistration office. (Upon		
10b. REMARKS					
			,		
•					
10c. TYPED NAME OF RESPONSIBLE OFFICIAL Ms. Anna Mae Weston	10d. SIGNATURE		10e. DATE		

DATE: June 25, 1996

Subject Grant/Contract No.:	N00014-89-J-1034
•	
Grantee/Contractor: Woods He	ole Oceanographic Institution

- 1. On the basis of the following information, the undersigned concludes that the subject grant may be closed out and total costs invoiced in the amount of \$82,500.00 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. Woods Hole Oceanographic Institution is a DOD cognizant institution. The grant is under \$500,000.00. The basis for certifying cost is the cost analysis as explained in paragraph 4 below. Final voucher No.24 in the amount of \$0.00, dated 13 May 1996 is in the file.
- 2. The subject grant began on 1 October 1988 and was completed on 31 December 1994. The total estimated cost of the grant was \$82,500.00.
- 3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Report were accepted by the government. The Final Report of Property accountable under the grant was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.
- 4. Total costs billed have been reviewed and the following observations and findings resulted:
- a. The ONR accepted A-110 audit covering the period of performance reported that the Grantee has a financial system in place that protects the interest of the Federal Government.
- b. Specific finding, with regard to the individual cost elements, are as follows:
  - (1) Direct Labor Amounts charged were in agreement with those initially proposed.
  - (2) Overhead Grantee charged the correct ONR negotiated on-campus rate.
  - (3) Fringe Benefits Grantee charged the correct negotiated rates.
  - (4) Materials/Supplies Grantee charged what was budgeted.
  - (5) Travel Travel was at budget and all domestic.
  - (6) Equipment No equipment was charged.
  - (7) Other Direct Costs Were reasonable and accepted.
  - (8) General & Administration Grantee charged the correct ONR negotiated rate.

In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.

Mary Moore

ads Junior Contract Specialist

Tim Lowe

ads Project Manager

# FINANCIAL STATUS REPORT (Short Form)

Federal-Agency and Organizational Element to Which Report is submitted	2. Federal Grant By Federal Ag	of Other Identifying Number Assigned tency	OMB Approval No. 0348-0039	Page of	
OFFICE OF NAVAL RESEARCH		N00014-89-J-1034			
3. Recipient Organization (Name and complete address, WOODS HOLE OCEANOGRAPHIC INSTITUTIC GENERAL ACCOUNTING 569 WOODS HOLE ROAD WOODS HOLE, MA 02543-1056	ON .				
4. Employer Identification Number	5. Recipient Account Number	er or Identifying Number	6. Final Report	7. Basis	
04-2105850	131	034SP	[X] Yes [] No	[] Cash [X] Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month,		
10/01/88	12/31/94	10/01/88		12/31/94	
10. Transactions:		Previously Reported	This Period	Cumulative	
a. Total Outlays		0.00	82,500.00	82,500.00	
		0.00	0.00	0.00	
b. Recipient share of outlays		0.00	0.00	0.00	
c. Federal share of outlays		0.00	82,500.00	82,500.00	
				0.00	
d. Total unliquidated obligations			Technological and a gr	0.00	
e. Recipient share of unliquidated obligatio	ne	ut saariku noon oo ammaa kii ka saa Taray oo ah ahaa saariin dhaa in ilaan Taraha girii o ka hilaan saariin saariin saariin		0.00	
e. Recipient share of uninquidated obligation					
f. Federal share of unliquidated obligations				0.00	
1. 1 castal state of anniqueation assignment					
g. Total Federal share (Sum of lines c and t	7)	The state of the s		82,500.00	
		The second secon			
h. Total Federal funds authorized for this fu	nding period			82,500.00	
i. Unobligated balance of Federal funds (Li	ne h minus g)			0.00	
a. Type of Rate (Place ")  11. Indirect  Expense	(" in appropriate box) sional [] F	Predetermined [] Fin	ial [X] Fixed		
b. Rate See Attached	c. Base \$46,752	d. Total Amount \$31,836	e. Federal	Share \$31,836	
See Attached \$46,752 \$31,836 \$31,835					
13. Certification: I certify to the best of my knowled obligations are for the purposes se	ge and belief that this report t forth in the award docume	t is correct and complete and that all out nts.	ays and unliquidated		
Typed or Printed Name and Title  R. David	Rudden		Telephone (Area code, numb	per and extension)	
	t Controller		(508) 289-2	363	
Signature of Authorized Certifying Official	[2010]		Date Report Submitted	-55	
July 4	COS 2		0 1	2604 (REV 11/00)	

Standard Form 269A (REV 11/90) Prescribed by OMB Circular A-102 and A-110

INDIRECT EXPENSE	
11	:

# N00014-89-J-1034

	b. Rate	c. Base	d. Total Amount	e. Federal Share
FY 1994 Laboratory Overhead	36.50%	14,990.50	5,472.00	5,472.00
General & Administative	34.00%	14,990.50	5,097.00	5,097.00
FY 1993 Laboratory Overhead	37.90%	6,659.15	2,524.00	2,524.00
General & Administative	32.00%	6,659.15	2,131.00	2,131.00
FY 1992 Laboratory Overhead	42.10%	3,058.96	1,288.00	1,288.00
General & Administative	30.10%	3,058.96	921.00	921.00
FY 1991 Laboratory Overhead	40.50%	7,083.37	2,869.00	2,869.00
General & Administative	28.60%	7,083.37	2,026.00	2,026.00
FY 1990 Laboratory Overhead	38.80%	6,585.74	2,555.00	2,555.00
General & Administative	29.40%	6,585.74	1,936.00	1,936.00
FY 1989 Laboratory Overhead	33.00%	8,374.73	2,764.00	2,764.00
General & Administative	26.90%	8,374.73	2,253.00	2,253.00
FY 1988 Laboratory Overhead	31.30%	0.00	0.00	00.0
General & Administative	26.50%	0.00	0.00	0.00
TOTAL		\$46,752.45	\$31,836.00	\$31,836.00

			Approved by Office of Management and Budget, No. 80-RO183			PAGE OF	
REQUEST FOR AD						1 1 PAGES	
. OR REIMBURSEM	IENI		1.	a. "X" one, or both		2. BASIS OF REQUEST	
			TYPE OF	[ ] ADVANCE	[ X ]REIMBURSE	[ ]CASH	
•			PAYMENT	b. "X" the applic		[ X ]ACCRUAL	
3. FEDERAL SPONSORING	AGENCY AND		REQUESTED	[ ]FINAL	[ X ] PARTIAL	[ X ] ACCRUAL  5. PARTIAL PAYMENT REQUEST	
ORGANIZATIONAL ELEM			4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED			NUMBER OF THIS REQUEST	
WHICH THIS REPORT IS S			BY FEDERAL AGEN			HORBER OF THIS REQUEST	
DEPARTMENT OF			N000-14-89-J-1034			24 FINAL	
	RECIPIENT'S ACCO	OUNT NO.		OVERED BY T	HIS REQUEST		
	OR IDENTIFYING NO.		FROM		то		
04-2105850	131034		10/01/3	38	12/31/9	94	
9. RECIPIENT ORGANIZATI	<del></del>			10. PAYEE			
WOODS HOLE OCEANO CHALLENGER HOUSE WOODS HOLE, MA 025		ITUTION			SAME		
11. COMPUTATION	OF AMOUNT OF R	EIMBURSEM	ENTS / ADVANC	ES REQUESTED			
			(a)	(b)	(c)		
PROGRAMS/FUNCTIO	NS/ACTIVITIES			\ -'	\-/	TOTAL	
			\$	\$	\$	\$	
	(As	of date)	1				
a, Total program outlays to date	•	,				82,500.00	
			1				
b. Less: Cumulative program in	ncome						
	•						
c. Net program outlays (Line a	minus line b)					82,500.00	
						·	
d. Estimated net cash outlays for	or advance period						
e. Total (Sum of lines c & d)					82 500 00		
e. Total (Sum of lines c & d)		ļ			82,500.00		
f Nam Endaral share of smaunt	an line e						
f. Non-Federal share of amount	on line e						
g. Federal share of amount on li	ino o					82,500.00	
g. Pederal share of amount on h	ine e					02,300.00	
h. Federal payments previously	requested					82,500.00	
ii. I ederal payments previously	requested					02,000.00	
i. Federal share now requested (	Line g minus line h)					0.00	
j. Advances required by month,	1st	month					
when requested by Federal							
grantor agency for use in	2nd	d month					
making prescheduled advance	es						
		month					
ALTERNATE	COMPUTATION	FOR ADV	ANCES ONLY				
					-		
a. Estimated Federal cash outlays that will be made during period co			overed by the advan	nce		\$	
b. Less: Estimated balance of Federal cash on hand as of beginning							
b. Less: Estimated balance of F	ederal cash on hand a	s of beginning	of advance period			\$	
A Amount or successful (T.)	inun lina to					•	
c. Amount requested (Line a mi		RTIFICATI	ON			\$	
I certify that to the heat of			THORIZED CERTIFYE	AC OFFICIAL		DATE DECLIFET	
I certify that to the best of my k and belief the data above are co		NATUREOFAU	HORIZED CERTIFYII	NG OFFICIAL	1	DATE REQUEST	
that all outlays were made in ac		HOW	o- Atto	11/100	1911 -	SUBMITTED 13-May-96	
with the grant conditions or oth		ED OR BRINTER	NAME AND TITLE	ning	0,0	TELEPHONE (AREA CODE,	
agreement and that payment is	· · · · · · · · · · · · · · · · · · ·	NE HARRIN				NUMBER, EXTENSION)	
has not been previously request		COUNTS REC				508-289-2385	
This space for agency use	an AC	COUNTS REC				300 207-2303	
ring space for agency use							
	•						

Financial Status Report Job Summary For the period ended 12/31/95

131034SP (03) SEA FIR SAMPLES LAB RECAP

	Budget	Current Month Costs	Year to Date Costs	Inception to Date Octs
.0 Salaries - Regular	32,331.42	0.00	0.00	32,331.42
5050 Frince Benefits Regular	14,421.03	00.00	00.00	14,421.03
5060 Lab Overhead Regular App	17,470.84	0.00	00.00	17,470.84
5100 Elec/Mech/Carp. shop services	424.12	00.00	00.00	424.12
5210 Supplies	2,591.50	0.00	00.00	2,591.50
5250 Stockroam Supplies	11.19	0.00	00.0	11.19
5310 Other Outside Services	10.50	0.00	00.00	10.50
5360 Comunications	1,318.43	0.00	9.59	1,318.43
5370 Shipping & Postage	394.20	0.00	00.00	394.20
5430 Duplicating	177.07	0.02	0.20	177.07
5480 Equipment Rental	77.40	00.00	00.0	77.40
5870 Refunds & Adjustments	(1,090.99)	(0.02)	(1,090.99)	(1,090.99)
5960 G & A Regular App	14,363.29	00.00	00.0	14,363.29
TOTAL FOR 131034SP	82,500.00	0.00	(1,081.20)	82,500.00

رتی	*
des '	
***	
-	
••	
e.	
٠	
-	Ellt
·2.	
***	PNUS WHOI PROPERTY ASSET MANAGEMENT SYSTEM PROPERTY REPORT BY SPECIFIED GLAS ACCT/PROJ 10-AUG-1995 15:04 PAGE 3
	PROPERTY ITEM DATE SERIAL MODEL MANU- PROPERTY ASSET P.O. COST OF OWNR I GRP R DESCRIPTION REC. NUMBER FACTURER CUSTODIAN LOCATION NUMBER ITEM CODE E CAT
•**	13103400 102764 COMPUTER 386/25 040191 101806 386/25 MODEL AME BRODA JE MCL2 : 216 52715 1900 2161
قد	TOTAL COST FOR ACCT/PROJ
	12
•	

CONTRA	CT COMPLETION ST	TATEMEN		
1. FROM:(Contract Administration Office)**		2a. PII NUMBER		
Office of Naval Research	•	N00014-88-K-0273		
Boston Regional Office		2b. LAST MODIFICATION NUMBER		
495 Summer Street, Room 103		P00003		
Boston, MA 02210-2109				
		2c. CALL/ORDER NUMBER		
2. TO: (Name and Address of Purchasing Office and Office symbol	of the PCO. If known)	4. CONTRACTOR IDENTITY	CODE AND ADDRESS	
and the second s		Woods Hole Oceanogr		
Department of the New		Challenger House	aprile mediculon	
Department of the Navy Office of the Chief of Naval Research		Woods Hole, MA 0254	13	
800 North Quincy Street				
Arlington, VA 22217-5000				
Annigion, VA 22217-3000	5. EXCESS FUNDS		YY YES L NO	
	···	\$ <u>191.36</u>		
6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b AND 6c.	6b. VOUCHER NUMBER		6c. DATE	
7a. IF FINAL APPROVED INVOICE FORWARDED	7b. INVOICE NUMBER	41 final	7c. DATE FORWARDED	
TO D.O. OF ANOTHER ACTIVITY AND STATUS OF			19 August 1995	
PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b.				
AND 7c.			<u> </u>	
	I amount expended xpended			
	ntract. ONR 822 shoul			
\$ 191.36 Unexerces funds in the amount of \$191.36 remain on the corporation of \$191.36 remain of	ntract. ONR 822 shoul			
\$ 191.36 Unex  Excess funds in the amount of \$191.36 remain on the cor  9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HA FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION OF TYPED NAME OF RESPONSIBLE OFFICIAL Mr. Robert Tanner  ACO	ntract. ONR 822 should be	SATISFACTORILY ACCOMPLI	SHED. THIS INCLUDES	
\$ 191.36 Unex  Excess funds in the amount of \$191.36 remain on the cor  9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HA FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION OF TYPED NAME OF RESPONSIBLE OFFICIAL Mr. Robert Tanner  ACO	ntract. ONR 822 should ave been fully and contract.  9c. signature  Roll H  JRCHASING OFFICE US	SATISFACTORILY ACCOMPLICATION	SHED. THIS INCLUDES  9d. DATE  8/2/96	
Excess funds in the amount of \$191.36 remain on the constant of \$191.36 re	AVE BEEN FULLY AND CONTRACT.  9c. SIGNATURE  PROHABING OFFICE US  VE BEEN FULLY AND SA  (Check this box only if	SATISFACTORILY ACCOMPLISH  SE ONLY  ATISFACTORILY ACCOMPLISH  final completion of any signific	SHED. THIS INCLUDES  9d. DATE  8/2/96  HED. CONTRACT FILE OF  cant purchasing office action	
Excess funds in the amount of \$191.36 remain on the constant of \$191.36 re	AVE BEEN FULLY AND CONTRACT.  9c. SIGNATURE  PROPERTY AND SAME SEEN FULLY SEEN FULLY AND SAME SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN F	SATISFACTORILY ACCOMPLISHED ONLY ATISFACTORILY ACCOMPLISHED IN THE SECOND OF THE SECON	SHED. THIS INCLUDES  9d. DATE  8 / 2 / 9 6  HED. CONTRACT FILE OF  cant purchasing office action ses, submit a copy of the	
\$ 191.36 Unex  Excess funds in the amount of \$191.36 remain on the cor  9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HATELY IN THE CASE OF A PRICE REVISION OF TYPED NAME OF RESPONSIBLE OFFICIAL Mr. Robert Tanner  ACO  FOR PU  10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE THIS OFFICE IS HEREBY CLOSED AS OF:  DATE SHOWN IN ITEM 9d ABOVE  DATE SHOWN IN ITEM 10e BELOW extends more than three months beyon	AVE BEEN FULLY AND CONTRACT.  9c. SIGNATURE  PROPERTY AND SAME SEEN FULLY SEEN FULLY AND SAME SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN F	SATISFACTORILY ACCOMPLISHED ONLY ATISFACTORILY ACCOMPLISHED IN THE SECOND OF THE SECON	SHED. THIS INCLUDES  9d. DATE  8 / 2 / 9 6  HED. CONTRACT FILE OF  cant purchasing office action ses, submit a copy of the	
\$ 191.36 Unex  Excess funds in the amount of \$191.36 remain on the cor  9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION OF TYPED NAME OF RESPONSIBLE OFFICIAL Mr. Robert Tanner  ACO  FOR PUT  10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE THIS OFFICE IS HEREBY CLOSED AS OF:  DATE SHOWN IN ITEM 9d ABOVE  DATE SHOWN IN ITEM 10e BELOW extends more than three months beyon completed form upon final accomplishments.	AVE BEEN FULLY AND CONTRACT.  9c. SIGNATURE  PROPERTY AND SAME SEEN FULLY SEEN FULLY AND SAME SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN F	SATISFACTORILY ACCOMPLISHED ONLY ATISFACTORILY ACCOMPLISHED IN THE SECOND OF THE SECON	SHED. THIS INCLUDES  9d. DATE  8 / 2 / 9 6  HED. CONTRACT FILE OF  cant purchasing office action ses, submit a copy of the	
\$ 191.36 Unex  Excess funds in the amount of \$191.36 remain on the cor  9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION OF TYPED NAME OF RESPONSIBLE OFFICIAL Mr. Robert Tanner  ACO  FOR PUT  10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE THIS OFFICE IS HEREBY CLOSED AS OF:  DATE SHOWN IN ITEM 9d ABOVE  DATE SHOWN IN ITEM 10e BELOW extends more than three months beyon completed form upon final accomplishments.	AVE BEEN FULLY AND CONTRACT.  9c. SIGNATURE  PROPERTY AND SAME SEEN FULLY SEEN FULLY AND SAME SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN F	SATISFACTORILY ACCOMPLISHED ONLY ATISFACTORILY ACCOMPLISHED IN THE SECOND OF THE SECON	SHED. THIS INCLUDES  9d. DATE  8/2/96  HED. CONTRACT FILE OF  cant purchasing office action ses, submit a copy of the	
\$ 191.36 Unex  Excess funds in the amount of \$191.36 remain on the cor  9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION OF TYPED NAME OF RESPONSIBLE OFFICIAL Mr. Robert Tanner  ACO  FOR PUT  10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE THIS OFFICE IS HEREBY CLOSED AS OF:  DATE SHOWN IN ITEM 9d ABOVE  DATE SHOWN IN ITEM 10e BELOW extends more than three months beyon completed form upon final accomplishments.	AVE BEEN FULLY AND CONTRACT.  9c. SIGNATURE  PROPERTY AND SAME SEEN FULLY SEEN FULLY AND SAME SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN F	SATISFACTORILY ACCOMPLISHED ONLY ATISFACTORILY ACCOMPLISHED IN THE SECOND OF THE SECON	SHED. THIS INCLUDES  9d. DATE  8 / 2 / 9 6  HED. CONTRACT FILE OF  cant purchasing office action ses, submit a copy of the	
\$ 191.36 Unex  Excess funds in the amount of \$191.36 remain on the cor  9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION OF TYPED NAME OF RESPONSIBLE OFFICIAL Mr. Robert Tanner  ACO  FOR PUT  10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE THIS OFFICE IS HEREBY CLOSED AS OF:  DATE SHOWN IN ITEM 9d ABOVE  DATE SHOWN IN ITEM 10e BELOW extends more than three months beyon completed form upon final accomplishments.	AVE BEEN FULLY AND CONTRACT.  9c. SIGNATURE  PROPERTY AND SAME SEEN FULLY SEEN FULLY AND SAME SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN F	SATISFACTORILY ACCOMPLISHED ONLY ATISFACTORILY ACCOMPLISHED IN THE SECOND OF THE SECON	SHED. THIS INCLUDES  9d. DATE  8/2/96  HED. CONTRACT FILE OF  cant purchasing office action ses, submit a copy of the	
\$ 191.36 Unex  Excess funds in the amount of \$191.36 remain on the cor  9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION OF TYPED NAME OF RESPONSIBLE OFFICIAL Mr. Robert Tanner  ACO  FOR PUT  10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE THIS OFFICE IS HEREBY CLOSED AS OF:  DATE SHOWN IN ITEM 9d ABOVE  DATE SHOWN IN ITEM 10e BELOW extends more than three months beyon completed form upon final accomplishments.	AVE BEEN FULLY AND CONTRACT.  9c. SIGNATURE  PROPERTY AND SAME SEEN FULLY SEEN FULLY AND SAME SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN F	SATISFACTORILY ACCOMPLISHED ONLY ATISFACTORILY ACCOMPLISHED IN THE SECOND OF THE SECON	SHED. THIS INCLUDES  9d. DATE  8/2/96  HED. CONTRACT FILE OF  cant purchasing office action ses, submit a copy of the	
\$ 191.36 Unex  Excess funds in the amount of \$191.36 remain on the cor  9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION OF TYPED NAME OF RESPONSIBLE OFFICIAL Mr. Robert Tanner  ACO  FOR PUT  10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE THIS OFFICE IS HEREBY CLOSED AS OF:  DATE SHOWN IN ITEM 9d ABOVE  DATE SHOWN IN ITEM 10e BELOW extends more than three months beyon completed form upon final accomplishments.	AVE BEEN FULLY AND CONTRACT.  9c. SIGNATURE  PROPERTY AND SAME SEEN FULLY SEEN FULLY AND SAME SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN F	SATISFACTORILY ACCOMPLISHED ONLY ATISFACTORILY ACCOMPLISHED IN THE SECOND OF THE SECON	SHED. THIS INCLUDES  9d. DATE  8/2/96  HED. CONTRACT FILE OF  cant purchasing office action ses, submit a copy of the	
\$ 191.36 Unex  Excess funds in the amount of \$191.36 remain on the cor  9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION OF TYPED NAME OF RESPONSIBLE OFFICIAL Mr. Robert Tanner  ACO  FOR PUT  10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE THIS OFFICE IS HEREBY CLOSED AS OF:  DATE SHOWN IN ITEM 9d ABOVE  DATE SHOWN IN ITEM 10e BELOW extends more than three months beyon completed form upon final accomplishments.	AVE BEEN FULLY AND CONTRACT.  9c. SIGNATURE  PROPERTY AND SAME SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN	SATISFACTORILY ACCOMPLISHED ONLY ATISFACTORILY ACCOMPLISHED IN THE SECOND OF THE SECON	SHED. THIS INCLUDES  9d. DATE  8 / 2 / 9 6  HED. CONTRACT FILE OF  cant purchasing office action ses, submit a copy of the	
Excess funds in the amount of \$191.36 remain on the constant of \$191.36 re	AVE BEEN FULLY AND CONTRACT.  9c. SIGNATURE  JIRCHASING OFFICE US //E BEEN FULLY AND SA  (Check this box only if and close-out date shown ent of all purchasing of	SATISFACTORILY ACCOMPLISHED ONLY ATISFACTORILY ACCOMPLISHED IN THE SECOND OF THE SECON	SHED. THIS INCLUDES  9d. DATE  8 2 96  HED. CONTRACT FILE OF  cant purchasing office action ses, submit a copy of the ministration office. (Upon	
\$ 191.36 Unex  Excess funds in the amount of \$191.36 remain on the cor  9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION OF TYPED NAME OF RESPONSIBLE OFFICIAL Mr. Robert Tanner  ACO  FOR PUT  10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE THIS OFFICE IS HEREBY CLOSED AS OF:  DATE SHOWN IN ITEM 9d ABOVE  DATE SHOWN IN ITEM 10e BELOW extends more than three months beyon completed form upon final accomplishments.	AVE BEEN FULLY AND CONTRACT.  9c. SIGNATURE  PROPERTY AND SAME SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN FULLY SEEN	SATISFACTORILY ACCOMPLISHED ONLY ATISFACTORILY ACCOMPLISHED IN THE SECOND OF THE SECON	SHED. THIS INCLUDES  9d. DATE  8 / 2 / 9 6  HED. CONTRACT FILE OF  cant purchasing office action ses, submit a copy of the	

DATE: July 22, 1996

# **CLOSEOUT MEMORANDUM**

Subject Grant/Contract No.:	N00014-88-K-0273
Grantee/Contractor:	Woods Hole Oceanographic Institution
contract may be closed out a reasonable, allocable and all	ollowing information, the undersigned concludes that the subject and total costs invoiced in the amount of \$625,185.64 are certified as owable in accordance with the applicable cost principles and mount of subject contract is over \$500,000.00. Woods Hole
Oceanographic Institution is	a DOD cognizant institution. The basis for certifying costs is the
Contract Audit Closing Stat	ement performed by DCAA, Waltham, Massachusetts branch office
dated on 29 November 1995	which is in the file. Final voucher No.41 in the amount of

2. The subject contract began on 02 February 1988 and was completed on 30 September 1992. The total estimated cost of the contract was \$625,377.00.

\$2,732.00 was forwarded for processing on 28 February 1988.

- 3. The contractor has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the contract was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.
- 4. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.

Mary Moore

ads Junior Contract Specialist

Ken Sherman

ads Senior Contract Specialist

• ,		PURITIC VOLC	HER FOR PURCHASES A	ND				VOUCHER# 41
ard Form 1034		SERVICES O	THEF PERSONAL					FINAL
Treasury FRM 20	J.OR ESTABLISH	MENT AND LOCATION	DATE			ţ		SCHEDULE NO.
EPARTME OFFICE OF 1 00 NORTH	NT OF THE NAVAL RES OUINCY ST	NAVY SEARCH	19-Aug-95  CONTRACT NUMBER AND DATE N00014-88-K-0273, FEB.  REQUISITION NUMBER AND DATE			·		PAID BY
								DATE INVOICE RECEIVED
	PAYEE,S	WOODS HOLE OCEANOGRAP	HIC INSTITUTION					
	NAME AND	ACCOUNTS RECEIVABLE CHALLENGER HOUSE						DISCOUNT TERMS
	ADDRESS	WOODS HOLE, MA 02543						PAYEES ACCOUNT NUMBER
HIPPED FRO	M	то				WEIGHT		GOVERNMENT B/L NUMBER
		ARTICLES OR SE	DVICES			UNIT	PRICE	AMOUNT
NUMBER AND DATE	DATE OF DELIVERY	(Enter Description, Item Number of Conti			QUANTITY	COST	PER	(1)
OF ORDER	OR SERVICE	Schedule, and Other Information Deer	med Necessary)					
	Dec-93	FOR DETAILS, SEE ATTACH STATUS REPORT, DATED WORK COMPLETED TO DATE LESS: PREVIOUS INVOICE TOTAL COSTS THIS INVOICE TOTAL FIXED FEE LESS: PREVIOUSLY INVOICE TOTAL FEE THIS INVOICE TOTAL AMOUNT OF THIS IN	E 18,215.00 E 15,483.00 2,732.00					606,970.64 606,970.67 (0.03) 0.00 2,732.00 2,731.97
			1000	. 1 -1\			TOTAL	\$2,731.97
	ATTON SHEET(S)		(Payee must NOT use the space	e below)		DIFFERENCE		
PAYMENT  ( ) PROVISIONAL		FOR PROVISIONAL UBJECT TO LATER AUDIT		=\$1.00				
( ) COMPLETE	BY:	0 14.	tH Tanny	8/2/96				
( ) PARTIAL		TOHNAPPROVED HELLE		-1710	Amount verifie			
( ) PROGRESS	TITLE	ROBERT H. TANNER ADMINISTRATIVE CO	ONTRACTING OFFICE	R	(Signature or initi	als)		
PURSUANT TO	AUTHORITY VES	STED IN ME, I CERTIFY THAT THIS VOUCHER	IS CORRECT AND PROPER FOR PAYN	MENT				
	_	(Authorized Certifyi	ng Officer) (2)				(Title)	
(Date)		ACCOUNTING CL						
	CHECK NU	MBER ON ACCOUNT	T OF U.S. TREASURY	CHECK NUM	IBER	. C	N (NAME	OF BANK)
PAID BY	CASH			PAYEE (3)	WOODS II	OLE OCEA	NOGRAPI	HIC INSTITUTION
	s				WOOD3 H	PER		
(2) If the abil	ity to certify and	rrency,insert name of currency I authority to approve are combined in one	person, one signature only is necess	sary,				
otherwise (3)When a v	the approving of oucher is receipt ate name, as wel	ficer will sign in the space provided, over he ted in the name of a company or corporatio I as the capacity in which he signs, must appearance.", as the case may be.	is official title n,the name of the person writing th	ie company		TITLE		

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 32 U.S.C. 82b and 82c.for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

oject 10627300 MRNE ANMAL	ND0014-88-K0273	8-K0273 W000S	HOLE OCE	ANDGRAPHIC INSTITUTION	NO		Page_1 02/16/94	82
		: .	FINANCI	ATUS R		- 1		
			PERIOD ENDE	0 12/31/93		X Tim	e expended 100	<u>S</u> o.
1 leador 1 WATKINS. W.	Dapt: 01	01 BIGLOGY		770	02/26/1988 09/30/1	11992 09/30/1992	Project 10027300	1
o Account Name			Current Month Costs	Year to Date Costs	Inception to Date Costs	Commitments	ilable Per lance Xpe	+ 70
ACTION SALARIES - REGI		MANAGEMENT OF THE STATE OF THE	00.0	00-0	202 - 590 - 17		16.483.83	9 5
FRINGE BENE	FITS REG	88,189.00	0	0	3,96	0	220-10	17
Lab Dvecho	equila	98,390.00		0	7,057.5	0.	667.53) 10	13)
- } .:		0.00	0.		*020.7	0	120.73)	0.
•	TIC	0.00	•	00.0	2,511.	0.00	11.80) 0	<u> </u>
		66.537.00	0	0	5,184,9	•	152.08 67	
SUPPLI	1	٠,	0		-	•	329.93) 233	7.
20 BOOKS E PUBLICATION CHOOSETES	TEC	00.0	000	0°0°	19.695	00.0	0 (19	-11
					100		77.127402	
DIHER OUTSIDE	SERVI	00.0	, 0		9 9 9 9		0 (09-99)	
D. REPAIRS C HAIN	TENAN	00.0	0		9.9	00.00	59.950	
		99.0	0		3.2		(133,25)	٠,
		1,950.00	0	٠	7.5		192.49 36	
	₩.	00-0	0	9	. 7		(92.289)	
0	SERV	00.0	$\overline{}$		97.2		7.203	٠
9		200-00	~	.55	953.9	00.0	.92) 19	α.
SUBACONTRACT		31,900,00	9	0	0.00		0.00	F. C.
SUBSISTENCE			~	ن ز	120-		0-67)	. 3 4
Con a Admin R	Leinde	00 00 00 00 00 00 00 00 00 00 00 00 00	0 0 0		81.888.81			, i
VANCE PATHENT POOL CONTRACT		607,162.00	•00	120	606,970.64	0.00	191.36 100	0.
					the second second of the second secon		Andreas and the second case of t	43.62
·								2.6
							1	4.0
								a description of the second
FIXED	TOTAL COSTS THIS INVOICE FIXED FEE THIS INVOICE	IIS INVOICE VVOICE	(0.03) 2,732.00	3) TOTAL COSTS 0 TOTAL FEE_	18,215.00			200
TOTAL	TOTAL PV #41 FINAL	IAL	2,731.97	7 TOTAL INVOICED TO DATE	625,185.64		:	. b. c. t :
N00014	4-88-K-0273	N00014-88-K-0273, FEB 26, 1988	TOTAL					8 2 3
		607,162.00					I	5 3
FIXED FEE	FEE	18,215.00	× 85% =	15,483.00			•	bookers is to a
AUTH.	AUTH. TOTAL 6	625,377.00						畫
							1	
_								

# CONTRACTOR'S RELEASE CONTRACT NO. N00014-88-K-0273

Pursuant to the terms of Contract No. No0014-88-K-0273 and in consideration of the sum of Six Hundred Twenty-Five Thousand One Hundred Eighty-Five Dollars and Sixty-Four Cents (\$625,185.64) which has been or is to be paid under the said contract to the

<u>Woods Hole Oceanographic Institution</u> (hereinafter called the Contractor) or to its assignees, if any, the Contractor upon payment of the said sum by the **UNITED STATES OF AMERICA** (hereinafter called the Government), does remise. release, and discharge the Government, its officers, agents, and employees, of and from all liabilities, obligations, claims, and demands whatsoever under or arising from the said contract, except:

- 1. Specified claims in stated amounts or in estimated amounts where the amounts are not suspectable of exact statement by the Contractor, as follows:
- 2. Claims together with reasonable expenses incidental thereto, based upon the liabilities of the contractor to third parties arising out of the performance of the said Contract, which are not known to the Contractor on the date of execution of this release and of which the Contractor gives notice in writing to the Contracting Officer within the period specified in the said contract.
- 3. Claims for reimbursement of costs (other than expenses of the Contractor by reason of its indemnification of the Government against patent liability), including reasonable expenses incidental thereto, incurred by the Contractor under the provisions of the said contract relating to patents.

The Contractor agrees, in connection with patent matters and with claims which are not released as set forth above, that it will comply with all of the provisions of the said contract, including without limitation those provisions relating to notification to the Contracting Officer and relating to the defense or prosecution of litigation.

IN WITNESS WHEREOF,	this release has been executed this	924	_day of Rovergen
1995.		\	
	Woods Hole Oceanogram	phic Institution	
WITNESS	(Cøntractor)		
	BY TRILE _Senior Grants A	Administrator	

NOTE: In case of a corporation, witnesses are not required, but the following certificate must be completed.

### **CERTIFICATE**

I, Paul Clemente, certify that I am the Clerk of the Corporation of the institution named as Contractor in the foregoing release; Maurice J. Tavares who signed said assignment on behalf of the Contractor was then Senior Grants Administrator of said institution; that said assignment was duly signed for and in behalf of said institution by authority of its governing body and is within the scope of its corporate powers.

Paul Clemente

(CORPORATE SEAL) FL 467-37

# CONTRACTOR'S ASSIGNMENT OF REFUNDS, REBATES, CREDITS, AND OTHER AMOUNTS CONTRACT NO. N00014-88-K-0273 Pursuant to the terms of Contract No. N00014-88-K-0273 and in consideration of the reimbursement of costs and payment of fee, as provided in the said contract and any assignment thereunder, the Woods Hole Oceanographic Institution (hereinafter called the Contractor) does hereby: 1. Assign, transfer, set over and release to the UNITED STATES OF AMERICA, (hereinafter called the Government), all right, title and interest to all refunds, rebates, credits, and other amounts (including any interest thereon), arising out of the performance of the said contract, together with all the rights of action accrued or which may hereafter accrue thereunder. 2. Agree to take whatever action may be necessary to effect prompt collection of all refunds, rebates, credits, and other amounts (including any interest thereon) due or which may become due, and to promptly forward to the Contracting Officer checks (made payable to the Treasurer of the United States) for any proceeds so collected. The reasonable costs of any such action to effect collection shall constitute allowable costs when approved by the Contracting Officer as stated in the said contract and may be applied to reduce any amounts otherwise payable to the Government under the terms hereof. 3. Agree to cooperate fully with the Government as to any claim or suit in connection with refunds, rebates, credits, or other amounts due (including any interest thereon); to execute any protest, pleading, application, power of attorney, or other papers in connection therewith; and to permit the Government to represent him at any hearing, trial or other proceeding, arising out of such claim or suit. IN WITNESS WHEREOF, this assignment has been executed this Woods Hole Oceanographic Institution (Contractor) WITNESS

NOTE: In case of a corporation, witnesses are not required, but the following certificate must be completed.

# CERTIFICATE

I, Paul Clemente, certify that I am the Clerk of the Corporation of the institution named as Contractor in the foregoing assignment; <a href="Maurice J. Tavares">Maurice J. Tavares</a> who signed said assignment on behalf of the Contractor was then <a href="Senior Grants Administrator">Senior Grants Administrator</a> of said institution, that said assignment was duly signed for and in behalf of said institution by authority of its governing body and is within the scope of its corporate powers.

Cliff Contractor

Of the Contractor in the foregoing assignment on behalf of the Contractor was then Senior Grants Administrator of said institution, that said assignment was duly signed for and in behalf of said institution by authority of its governing body and is within the scope of its corporate powers.

Paul Clemente

(CORPORATE SEAL) FL 467-37

	ONTRAC	T COMPLETION STA	TEMENT (		
Office of Naval Research Regional Office 536 South Clark street Room 208 Chicago, IL. 60605-1588			22. PH NUMBER N00014-91-J-1011		
			25. LAST MODIFICATION NUMBER AOOC 2c. CALL/ORDER NUMBER	)02	
2. TO: (Name and Address of Purchasing Office and Office symbol of the PCO, If known)  Department of the Navy			4. CONTRACTOR IDENTITY CODE AND ADDRESS University of Tolelo 2801 W. Bancroft St.,		
Office of the Chief of Naval Research 800 North Quincy, Code 1512:SAM Arlington, VA. 22217-5005			Toledo, OH 436	506	
			5. EXCESS FUNDS (2) \$ 0.96		
6a. IF FINAL PAYMENT HAS BEEN MADE, COMPL 6b AND 6c.	ETE ITEMS	6b. VOUCHER NUMBER	1	6c. DATE 7/21/93	
7a. IF FINAL APPROVED INVOICE FORWARDED : ANOTHER ACTIVITY AND STATUS OF PAYMENT IS COMPLETE ITEMS 7b. AND 7c.		7b. INVOICE NUMBER		7c. DATE FORWARDED	
Excess funds in the amount of \$ 0.96 that a modification is not cost effective office should take action directly to de-		0.96 Total are unexpendent of this grant. Because to be executed by this	his amount is less than	\$500, it is determined	
9a. ALL ADMINISTRATION OFFICE ACTIONS REQ		EEN FULLY AND SATISFAC	TORILY ACCOMPLISHED. THE	S INCLUDES FINAL	
SETTLEMENT IN THE CASE OF A PRICE REVISION  9b. TYPED NAME OF RESPONSIBLE OFFICIAL  Mr. 1002-540  Administrative Contracting Officer	Smith	9c. EIGNATURE		9d. DATE	
	FOR PURC	HASING OFFICE U	SE ONLY		
action extends more than copy of the completed forn	: E 10e BELOW three months n upon final a	(Check this box only if to beyond close-out date occomplishment of all posts of the complishment of the complishment of the complishment of the complishment of the complishment of the complishment of the complishment of the complishment of the complishment of the complishment of the complishment of the complishment of the complishment of the complishment of the complishment of the complex of t	SATISFACTORILY ACCOMP inal completion of any signi s shown in item 9d. above. urchasing office actions to a tend its contract file close-o	ficant purchasing office In such cases, submit a the contract administration	
10b. REMARKS					
10c. TYPED NAME OF RESPONSIBLE OFFICIAL  Ms. Genesta Belton		10d. SIGNATURE		10e. DATE	
) FORM 1594 1 FEB 70	REPLACES	EDITION OF 1 JUN 68 WHICH	I IS OBSOLETE		

DATE: September 20, 1995

Subject Grant/Contract	No.:	N00014-91-J-1011		
Grantee/Contractor:	Unive	rsity of Toledo		· · · · · · · · · · · · · · · · · · ·

- 1. On the basis of the following information, the undersigned concludes that the subject grant may be closed out and total costs invoiced in the amount of \$192,794.04 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. The grant is under \$500,000.00. The University of Toledo is a HHS cognizant institution. The basis for certifying costs is the cost analysis as explained in paragraph 4 below. A deobligation in the amount of \$0.96 is to be accomplished with this closeout. Final voucher no. 10 was forwarded for payment on 7/21/93.
- 2. The subject agreement began on 1 October 1990 and was completed on 30 July 1993. The total estimated cost of the agreement was \$192,795.00.
- 3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the contract was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.
- 4. Total costs billed have been reviewed and the following observations and findings resulted:
- a. The HHS accepted A-110 audit covering the period of performance reported that the grantee has a financial system in place that protects the interest of the Federal Government.
  - b. Specific finding, with regard to the individual cost elements, are as follows:
    - (1) Direct Labor amounts charges were in agreement with those initally proposed.
    - (2) Overhead The grantee charged the correct HHS predetermined oncampus rate.
    - (3) Fringe Benefits The grantee charged the correct HHS predetermined oncampus rate.
    - (4) Expendable Materials & Supplies The grantee expended whtat was budgeted.

- (5) Travel The grantee expended what was budgeted.
- (6) Equipment No equipment was charged.
- (7) Other Direct costs were reasonable and accepted.

In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.

David Phelps

ads Senior Contract Specialist

Gavid Phelis

# FINANCIAL STATUS REPORT (Short Form)

		(Follow instructions of	n the back)		1////
to Which Report is Submitted By Federal Agence			No.	8-0039 Page of 1	
U.S.	Dept. of Navy	N00014-	91 <b>-J</b> -1011		pages
3. Recipient Organ	nization (Name and complete	e address, including ZIP code)			
The I	University of Tol	edo, 2801 W. Bancroft	St. Toledo,	он 43606	
4. Empicyer Identi 34.64	ification Number 401483A	5. Recipient Account Number or 249841	Identifying Number	6. Final Report  Ä Yes	7. Basis No Cash Accrual
From: (Month,	Penod (See instructions) Day, Year) /1/90	To: (Month, Day, Year) 7/30/93	9. Pencd Cavered From: (Month,		To: (Month, Day, Year) 7/30/93
10.Transactions:			Previously Reported	II This Pence	III Cumulative
a. Total out.	ay <b>s</b>				192,794.04
b. Recipient	share of outlays				0
c. Federal s	thare of outlays				192,794.04
d. Total unli	quidated obligations				۵
e. Recipient	t share of unliquidated obliga	ations			NA NA
f. Federal share of unliquidated obligations					NA
g. Total Federal share (Sum of lines c and f)					192,794.04
h. Total Fe	deral funds authorized for th	is funding period			192,795.00
i, Unobliga	ated balance of Federal fund	is (Line h minus line g)			.96
	a. Type of Rate (Place	"X" in appropriate box)	termined	☐ Final	₩ Fixed
11.Indirect Expense	5. Rate 57.9 - 59	C. Base Net Sala		,354	e. Federal Share \$ 57,534
12. Remarks: i legislation.		emed necessary or information			
13. Certification	n: I certify to the best o unliquidated obligat	f my knowledge and belief that ions are for the purposes set fo	this report is corre orth in the award do	ct and complete as	nd that all outlays and
Typed or Printed Name and Title			Telephone (A	rea code, number and extension	
Loraine M. Brancatto, Accountant					537-2397
Signature of Au	uthonzed Cerulying Official	•		Date Report	Submitted /30/93
W	WILL IN DUNIATI	1			

. ~		113/	E C B	)) <u>Da</u>		. /		
REQUEST	FOR A	DVANCE/U	Approved Budget, No	by Office of the co. 80-RO	h Manager	nent and	PAGE	PAGE
OR REIMBURSEMENT		1. TYPE OF PAYMENT REQUESTED		CE E	EIMBURSE	2. BASIS (	OF REQUEST	
See inst FEDERAL SPONSORING AGE WHICH THIS REPORT IS SUE	lructions on b NCY AND DRG/ IMITTED	ack) Inizational Element to	4. FEDERAL	SPANT OR		A PARTIAL	L PAYMENT A FOR THIS	REQUEST
U.S Departmen			N0001	14-91-1-			10	
& EMPLOYER IDENTIFICATION NUMBER	7. RECIP OR ID	IENT'S ACCOUNT NUMBER ENTIFYING NUMBER	8. FROM (married	PERIOD	COVERED			
34.6401483A	2	49841		/1/93		7 /:	30/93	
. RECIPIENT ORGANIZATION			10. PAYEE (	Where sheek	is to be sont is	different the	n Hom F)	
Name ' The Unive	ersity of	Toledo	None	. The	Univers : Lora		Toledo Brancat	to
Number and Street , 2801 W. 1	Bancroft	St.	Number and Street	, 2801	W. Ban	croft S	t.	
City, State and ZiP Code: Toledo, (			City, State and ZIP Code	, Tole	do, Ohi		6 '	
11. c	OMPUTATION	OF AMOUNT OF REI	MBURSEMEI	NTS/ADVA	VCES REQU	JESTED		
PROGRAMS/FUNCTIONS/A	CTIVITIES >		,		(0)		TO	ITAL
a. Total program outlays to date	As of date)	s	\$		\$		\$ 192	,794.04
b. Less: Cumulative program	income							0
c. Net program outlays (L line b)							192,	794.04
d. Estimated net cash outleys period	s for advance							0
e. Total (Sum of lines c & d)							192,	,794.04
f. Non-Federal share of amou	nt on line e							0
g. Federal share of amount o	n line s						192,	794.04
n. Federal payments previous					191	fic. 34	_173,	318.45
Federal share now request minus lins h)	ted (Line g					77.9V	_19,	475.59
Advances required by month, when request- ed by Federal granter	1st month							
agency for use in mak- ing prescheduled ad- vances	2nd month							
12.	3rd month							
a. Estimated Federal cash ou		TERNATE COMPUTATION			NLY			
o. Less: Estimated balance o					***************************************		\$	
				P-91104				
. Amount requested (Line a minue line b)  3. CERTIFICATION				\$				
certify that to the best of my	y knowledes	SIGNATURE OF AUTHORIZ		G OFFICIAL			DATE REQU	
ind belief the data above are hat all outlays were made in	accordance	Whane thance	uH0				7/21/	
vith the grant conditions or other agree- nent and that payment is due and has not				tant		TELEPHONE CODE. NUM EXTENSION	(AREA	
een previously requested. Loraine M. Bra			ancatto,	Accoun	Lant			37-4000

This space for agency use

CON	CONTRACT COMPLETION STATEMEN			
1. FROM:(Contract Administration Office)  Office of Naval Research		2a. PII NUMBER NO0014-90-J-4000		
Chicago Regional Office Federal Building Room 208 536 South Clark Street Chicago, IL 60605-1588	2b. LAST MODIFICATION NUMBER P00005  2c. CALLJORDER NUMBER			
2. To: (Name and Address of Purchasing Office and Office symbol of the PCO, If I Department of the Navy Office of the Chief of Naval Research 800 North Quincy Street, Code 151 Arlington, VA. 22217-5000	ch	4. CONTRACTOR IDENTITY CODE AND University of Pittsb Grants and Contra 350 Thackeray Ha Pittsburgh, PA 1  5. EXCESS FUNDS	urgh cts Administration II 5260	
6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE IT 6b AND 6c.  7a. IF FINAL APPROVED INVOICE FORWARDED TO D.C ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNK	12-7852 D. OF 76. INVOICE NUMBER	\$1,577.97	6c. DATE 05/24/94 7c. DATE FORWARDED	
De-obligation modification No.P0000 \$1577.97 from \$319,746.00 to \$318  9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED SETTLEMENT IN THE CASE OF A PRICE REVISION CON 9b. TYPED NAME OF RESPONSIBLE OFFICIAL	3,168.03.  HAVE BEEN FULLY AND SATISFA	out. The total obligations		
Administrative Contracting Officer  FOR	PURCHASING OFFICE L	JSE ONLY		
10a. ALL PURCHASING OFFICE ACTIONS REQUI OF THIS OFFICE IS HEREBY CLOSED AS OF:  DATE SHOWN IN ITEM 9d ABOVE  DATE SHOWN IN ITEM 10e B action extends more than three copy of the completed form upon office. (Upon receipt, the contra	ELOW (Check this box only if months beyond close-out dat n final accomplishment of all p	final completion of any signi te shown in item 9d. above. ourchasing office actions to t	ficant purchasing office In such cases, submit a the contract administration	
10b. REMARKS				
10c. TYPED NAME OF RESPONSIBLE OFFICIAL  Ms. Jane Olmsted	10d. SIGNATURE	'H IS OBSOLETE	10e. DATE	
D FORM 1594 1 FEB 70	VELLYOES EDITION OF 1 JON 00 MAIC	AT 10 UDOULETE		

DATE: October 13, 1995

Subject Grant/Contract No.:	N00014-90-J-4000	
Grantee/Contractor:	University of Pittsburgh	

- 1. On the basis of the following information, the undersigned concludes that the subject grant may be closed out and total costs invoiced in the amount of \$318,168.03 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. The grant is under \$500,000.00. The University of Pittsburgh is an HHS cognizant institution. The basis for certifying costs is the cost analysis as explained in paragraph 4 below. Final invoice No. 12-7852 in the amount of \$0.00 was forwarded to this office on 05/24/94. De-obligation modification No.P00005 accompanies this close-out. The total obligations are reduced by \$1.577.97 from \$319,746.00 to \$318,168.03.
- 2. The subject grant began on 1 June 1990 and was completed on 31 May 1993. The total estimated cost of the agreement was \$422,777.00. The total amount obligated was \$319,746.00.
- 3. The grantee has met all obligations under the referenced grant, including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the grant was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.
- 4. Total costs billed have been reviewed and the following observations and findings resulted:
- a. The HHS accepted A-110 audit covering the period of performance reported that the grantee has a financial system in place that protects the interest of the Federal Government.
  - b. Specific finding, with regard to the individual cost elements, are as follows:
    - (1) Direct Labor Amounts charged were in agreement those initially proposed.
    - (2) Overhead Grantee charged below HHS negotiated on-campus rate.
    - (3) Fringe Benefits Grantee charged the correct HHS negotiated rate.
    - (4) Materials/Supplies Grantee charged what was budgeted.
    - (5) Travel Travel was at budget and all domestic.
    - (6) Equipment Equipment was at budget.
    - (7) Other Direct Costs Were reasonable and accepted.

In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a grant audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.

David Phelps

ads Senior Contract Specialist

Tavice thelps

#### FINANCIAL STATUS REPORT

		FINANCIAL STATUS RE	PURI	JIII P.	
<ol> <li>FEDERAL AGENCY AND REPORT IS SUBMITTED</li> </ol>		MENT TO WHICH	2. FEDERAL GRANT OR IDENTIFYING NUMBE	€. ž	
N.A	AVY		j	N00014 90 J4000	
3. RECIPIENT ORGANIZAT	rion		4. EMPLOYER IDENTIFI	CATION NUMBER	
			1-25-096-5591		
University of Pitt			5. RECIPIENT ACCOUNT	NUMBER	
3117 Cathedral of	•		!	5-37852	
Pittsburgh, PA 152	260		6. FINAL REPORT		
			X  Yes  _  No	X Cash  _ Accrua	
B. PROJECT/GRANT PERIC	DD		9. PERIOD COVERED BY	THIS REPORT	
ROM(Month, Day, Year)	TO(Mon	th,Day,Year)	FROM(Month, Day, Year)	TO(Month,Day,Year	
06/01/90		05/31/93		05/31/93	
O. STATUS OF FUNDS					
. Net outlays previou	usly reported			0.00	
. Total outlays this				318,168.0	
. Less: Program incom	ne credits			0.0	
. Net outlays this re	port period			318,168.0	
. Net outlays to date	•			318,168.0	
. Less: Non-Federal s	share of outlays			0.0	
. Total Federal share	e of outlays			318,168.0	
. Total unliquidated	obligations			0.0	
. Less: Non-Federal s	•	_		0.0	
	خدست احاما استخداستى ستان				
	·				
. Total Federal share	of outlays & unli	quidated obligation	ns	318,168.03	
. Total Federal share . Total cumulative am	e of outlays & unli mount of Federal fu	quidated obligation	as	318,168.03 422,777.00	
. Total Federal share . Total cumulative am	e of outlays & unli mount of Federal fu	quidated obligation	as	318,168.03 422,777.00	
. Total Federal share . Total cumulative am	e of outlays & unli mount of Federal fu	quidated obligation		318,168.03 422,777.00	
. Total Federal share . Total cumulative am	e of outlays & unli mount of Federal fu	quidated obligation nds authorized R.B.	0.00	318,168.03 422,777.00	
. Total Federal share . Total cumulative am . Unobligated balance	e of outlays & unli nount of Federal fu e of Federal funds	quidated obligation		318,168.03 422,777.00	
. Total Federal share . Total cumulative am . Unobligated balance	e of outlays & unli nount of Federal fu e of Federal funds	quidated obligation nds authorized R.B. D.C./I.C. **	0.00	318,168.03 422,777.00	
. Total Federal share . Total cumulative am . Unobligated balance	e of outlays & unli- mount of Federal fu e of Federal funds TYPE OF RATE	quidated obligation nds authorized  R. B.  D.C./I.C. **  = PREDETERMINED  CURRENT AMOUNT	0.00 104,608.97 CUMULATIVE AMOUNT	318,168.03 422,777.00 104,608.93	
. Total Federal share . Total cumulative am . Unobligated balance  1. INDIRECT EXPENSE  RATE	e of outlays & unli- nount of Federal fu e of Federal funds TYPE OF RATE	quidated obligation nds authorized R. B. D.C./I.C. ** = PREDETERMINED	0.00 104,608.97	318,168.03 422,777.00 104,608.93	
. Total Federal share . Total cumulative am . Unobligated balance  1. INDIRECT EXPENSE  RATE  43.0%	e of outlays & unli- mount of Federal fu e of Federal funds TYPE OF RATE BASE 159,005.21	quidated obligation nds authorized  R. B.  D.C./I.C. **  = PREDETERMINED  CURRENT AMOUNT 68,372.24	0.00 104,608.97 CUMULATIVE AMOUNT 68,372.24	318,168.03 422,777.00 104,608.93	
. Total Federal share . Total cumulative am . Unobligated balance  1. INDIRECT EXPENSE  RATE  43.0% 0.0%	e of outlays & unlimount of Federal funds of Federal funds  TYPE OF RATE  BASE 159,005.21 0.00	quidated obligation ands authorized  R. B. D.C./I.C. ** = PREDETERMINED  CURRENT AMOUNT 68,372.24 0.00	0.00 104,608.97 CUMULATIVE AMOUNT 68,372.24 68,372.24	318,168.03 422,777.00 104,608.97	
Total Federal share Total cumulative am Unobligated balance  1. INDIRECT EXPENSE  RATE  43.0%  0.0%  0.0%	e of outlays & unlimount of Federal funds of of Federal funds  TYPE OF RATE  BASE 159,005.21 0.00 0.00	quidated obligation ands authorized  R. B. D.C./I.C. ** = PREDETERMINED  CURRENT AMOUNT 68,372.24 0.00 0.00	0.00 104,608.97 CUMULATIVE AMOUNT 68,372.24 68,372.24 68,372.24	318,168.03 422,777.00 104,608.97	
Total Federal share Total cumulative am Unobligated balance  1. INDIRECT EXPENSE  RATE  43.0%  0.0%  0.0%	e of outlays & unlimount of Federal funds of of Federal funds  TYPE OF RATE  BASE 159,005.21 0.00 0.00	quidated obligation ands authorized  R. B. D.C./I.C. ** = PREDETERMINED  CURRENT AMOUNT 68,372.24 0.00 0.00	0.00 104,608.97 CUMULATIVE AMOUNT 68,372.24 68,372.24 68,372.24	0.00 318,168.03 422,777.00 104,608.97 FEDERAL SHARE	
Total Federal share Total cumulative am Unobligated balance  1. INDIRECT EXPENSE  RATE  43.0%  0.0%  0.0%	e of outlays & unlimount of Federal funds of of Federal funds  TYPE OF RATE  BASE 159,005.21 0.00 0.00	quidated obligation ands authorized  R. B. D.C./I.C. ** = PREDETERMINED  CURRENT AMOUNT 68,372.24 0.00 0.00	0.00 104,608.97 CUMULATIVE AMOUNT 68,372.24 68,372.24 68,372.24	318,168.03 422,777.00 104,608.97	
43.0% 0.0% 0.0%	e of outlays & unlimount of Federal funds of of Federal funds  TYPE OF RATE  BASE 159,005.21 0.00 0.00	quidated obligation ands authorized  R. B. D.C./I.C. ** = PREDETERMINED  CURRENT AMOUNT 68,372.24 0.00 0.00	0.00 104,608.97 CUMULATIVE AMOUNT 68,372.24 68,372.24 68,372.24	318,168.03 422,777.00 104,608.97	
Total Federal share Total cumulative am Unobligated balance  1. INDIRECT EXPENSE  RATE  43.0%  0.0%  0.0%	e of outlays & unlimount of Federal funds of of Federal funds  TYPE OF RATE  BASE 159,005.21 0.00 0.00	quidated obligation ands authorized  R. B. D.C./I.C. ** = PREDETERMINED  CURRENT AMOUNT 68,372.24 0.00 0.00	0.00 104,608.97 CUMULATIVE AMOUNT 68,372.24 68,372.24 68,372.24	318,168.03 422,777.00 104,608.97	
Total Federal share Total cumulative am Unobligated balance  1. INDIRECT EXPENSE  RATE  43.0%  0.0%  0.0%	e of outlays & unlimount of Federal funds of of Federal funds  TYPE OF RATE  BASE 159,005.21 0.00 0.00	quidated obligation ands authorized  R. B. D.C./I.C. ** = PREDETERMINED  CURRENT AMOUNT 68,372.24 0.00 0.00	0.00 104,608.97 CUMULATIVE AMOUNT 68,372.24 68,372.24 68,372.24	318,168.03 422,777.00 104,608.93 FEDERAL SHARE	
Total Federal share Total cumulative am Unobligated balance  1. INDIRECT EXPENSE  RATE  43.0%  0.0%  0.0%  2. REMARKS	e of outlays & unlimount of Federal funds of of Federal funds  TYPE OF RATE  BASE 159,005.21 0.00 0.00	quidated obligation ands authorized  R. B. D.C./I.C. ** = PREDETERMINED  CURRENT AMOUNT 68,372.24 0.00 0.00	0.00 104,608.97 CUMULATIVE AMOUNT 68,372.24 68,372.24 68,372.24	318,168.03 422,777.00 104,608.93 FEDERAL SHARE	
Total Federal share Total cumulative am Unobligated balance  1. INDIRECT EXPENSE  RATE  43.0%  0.0%  0.0%  2. REMARKS	e of outlays & unli- mount of Federal funds of Federal funds TYPE OF RATE  BASE 159,005.21 0.00 0.00 0.00	quidated obligation nds authorized  R. B. D.C./I.C. ** = PREDETERMINED  CURRENT AMOUNT 68,372.24 0.00 0.00 0.00	0.00 104,608.97 CUMULATIVE AMOUNT 68,372.24 68,372.24 68,372.24 68,372.24	318,168.03 422,777.00 104,608.93 FEDERAL SHARE	
Total Federal share Total cumulative am Unobligated balance  1. INDIRECT EXPENSE  RATE  43.0% 0.0% 0.0% 0.0% 2. REMARKS	e of outlays & unli- mount of Federal funds of Federal funds TYPE OF RATE  BASE 159,005.21 0.00 0.00 0.00	quidated obligation onds authorized  R. B. D.C./I.C. ** = PREDETERMINED  CURRENT AMOUNT 68,372.24 0.00 0.00 0.00	0.00 104,608.97 CUMULATIVE AMOUNT 68,372.24 68,372.24 68,372.24	318,168.03 422,777.00 104,608.97 FEDERAL SHARE 68,372.24	
Total Federal share Total cumulative am Unobligated balance  1. INDIRECT EXPENSE  RATE  43.0%  0.0%  0.0%  2. REMARKS	e of outlays & unli- mount of Federal funds of Federal funds  TYPE OF RATE  BASE 159,005.21 0.00 0.00 0.00 0.00 of my knowledge and idated obligations	quidated obligation nds authorized  R. B. D.C./I.C. ** = PREDETERMINED  CURRENT AMOUNT 68,372.24 0.00 0.00 0.00	0.00 104,608.97 CUMULATIVE AMOUNT 68,372.24 68,372.24 68,372.24 68,372.24	318,168.03 422,777.00 104,608.93 FEDERAL SHARE 68,372.24	
Total Federal share Total cumulative am Unobligated balance  1. INDIRECT EXPENSE  RATE  43.0% 0.0% 0.0% 0.0% 2. REMARKS	e of outlays & unli- mount of Federal funds of Federal funds  TYPE OF RATE  BASE 159,005.21 0.00 0.00 0.00 0.00 of my knowledge and idated obligations	quidated obligation nds authorized  R. B. D.C./I.C. ** = PREDETERMINED  CURRENT AMOUNT 68,372.24 0.00 0.00 0.00	0.00 104,608.97 CUMULATIVE AMOUNT 68,372.24 68,372.24 68,372.24 68,372.24	318,168.03 422,777.00 104,608.93 FEDERAL SHARE 68,372.24	

Distribution: Copy 1 - Official Grant File

Copy 2 - Grants Section, FAAB

Caroline Correa, Assistant Controller DATE TELEPHONE KAK 5-37852

.....

Copy 3 - Grantee

STANDARD FORM 269

Prescribed by Office of Management and

Budget Cir. No. A-110

		Approved by Office of Management Budget, No. 80-R0183	nt and PAGE OF	
		1. TYPE OF PAYMENT REQUESTED	2. BASIS OF REQUEST	
	:	a. "X" one, or both boxes ADVÂNCE X REIMBURSE-	, CACII	
	·	PLAT	x CASH	
REQUEST FOR A OR REIMBURSE		b. "X" the applicable box  X FINAL PARTIAL	ACCRUAL	
3. FEDERAL SPONSORING AGENCY AND WHICH THIS REPORT IS SUBMITTED OFFICE OF NAVY RESEARCH		4. FEDERAL GRANT OR OTHER	5. PARTIAL PAYMENT REQUEST	
6. EMPLOYER IDENTIFICATION	7. RECIPIENT'S ACCOUNT NUMBER	IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY	NUMBER FOR THIS REQUEST	
NUMBER 1-250965591-A1	OR IDENTIFYING NUMBER 5-37852	N00014-90-J-4000	12 - 7852	
9. RECIPIENT ORGANIZATION	<u>-</u>	8. PERIOD COVERED BY FROM (month,day,year)	TO (month,day,year)	
NAME: UNIVERSITY OF P	ITTSBURGH	02/01/93	05/31/93	
NUMBER	OF LEADILING	10.PAYEE (Where check is to be sent if different than ite NAME: UNIVERSITY OF PITTSBURGH		
AND STREET: 3117 CATHEDRAL	OF LEARNING	NUMBER		
CITY, STATE and ZIP CODE: PITTSBURGH, PA	15260		D. BOX 371220	
11.COMPUTATION OF AMOUNT OF REIM	BURSEMENTS/ADVANCES REQUESTED	and ZIP CODE: PITTSB	JRGH, PA 15251-7220	
PROGRAMS/FUNCTIONS/ACTIVITIES >	(a)	(b)	TOTAL	
a. Total program (As of date)			TOTAL	
outlays to date 05/31/93	\$318,168.03		\$318,168.03	
b.Less:Cumulative program income	0.00		0,00	
c. Net program outlays (Line a minus line b)	318,168.03		718 148 17	
d. Estimated net cash outlays	310,100.03		318,168.03	
for advance period	0.00		0.00	
e. Total (Sum of lines c & d)	318,168.03		318,168.03	
<ul> <li>f. Non-Federal share of amount on line e</li> </ul>	0.00		0.00	
g. Federal share of amount on line e	318,168.03		318,168.03	
h. Federal payments previously requested	318,168.03		318,168.03	
l. Federal share now requested (Line g minus line h)	\$0.00		\$0.00	
j. Advances required by month	1st Month   -0-			
when requested by Federal grantor agency for use in making prescheduled advances	2nd Month   -0-			
making prescriedated advances	3rd Month   -0-			
12.	ALTERNATE COMP	UTATION FOR ADVANCES ONLY		
a. Estimated Federal cash outlays	s that will be made during peri	od covered by the advance	\$0.00	
b. Less: Estimated balance of Fo	ederal cash on hand as of begin	ning of advance period	0.00	
c. Amount requested (Line a minus	s line b)		\$0.00	
13.	CERTIFI	CATION		
I certify that to the best of my knowledge and belief the	SIGNATURE OF AUTHORIZED	CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED	
data above are correct and that all outlays were made in				
accordance with the grant conditions or other agreement	Carlon	Car. M. M. S. M.	5/24/94	
and that payment is due and has not been previously requested.		O TITLE	TELEPHONE (AREA CODE, NUMBER EXTENSION)	
	CAROLINE CORREA ASSISTANT CONTROLLER		(412) 624-6040	
This space for agency use				
KMC/5-37852				
		*************************		
270-102		STANDARD FORM	1 270 Office of Management and	
		Budget	Cir. No. A-110	

CONTRAC	CT COMPLETION STA	TEMENT			
% FROM:(Comract Administration Office)		2a. PH NUMBER			
Office of Naval Research		N00014-89-J-1161 2b. LAST MODIFICATION NUMBER			
Regional Office					
495 Summer Street, Room 103 Boston, MA 02210-2109		P00004			
		2c. CALL/ORDER NUMBER			
		2C. CALLYORDER NUMBER			
2. TO: (Name and Address of Purchasing Office and Office symbol of the PCO, If known)		CONTRACTOR IDENTITY CODE AND ADDRESS  Woods Hole Oceanographic Institution			
<b>5</b>			aphic Institution		
Department of the Navy		Challenger House Woods Hole, MA 0254	2		
Office of the Chief of Naval Research		740003 1101C, 18174 0204	,		
800 North Quincy Street Arlington, VA 22217-5000	•				
Annigion, VA 22217-3000		5. EXCESS FUNDS X	YES NO		
	\$ <u>160.79</u>				
6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b AND 6c.	6b. VOUCHER NUMBER		Sc. DATE		
7a. IF FINAL APPROVED INVOICE FORWARDED	7b. INVOICE NUMBER	· · · · · · · · · · · · · · · · · · ·	7c. DATE FORWARDED		
TO D.O. OF ANOTHER ACTIVITY AND STATUS OF		and the same	••.		
PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b.		en en en en en en en en en en en en en e			
AND 7c.					
U. ALMANAC					
	amount obligated to Gra	ant			
	amount expended				
\$ 160.79 Unexp	pended				
Final voucher No. 8 in the amount of (\$160.79), dated 11	April 1996, along with t	he a copy of a refund check	No. 258383 in the amount		
of \$160.79, dated 15 May 1996 has been processed and			30.79 remain on this		
grant. The Office of Naval Research should take ac	tion to deobligate this	amount.			
9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HA		ATISFACTORILY ACCOMPLIS	HED. THIS INCLUDES		
9b. TYPED NAME OF RESPONSIBLE OFFICIAL Mr. Robert Tanner	9c. SIGNATURE		9d. DATE		
ACO	R. at H T	•	8/2/96		
·	1.80 w 1 1 a	nny	0,0,10		
FOR PU	RCHASING OFFICE USE	ONLY			
10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAV THIS OFFICE IS HEREBY CLOSED AS OF:	E BEEN FULLY AND SAT	TISFACTORILY ACCOMPLISH	ED. CONTRACT FILE OF		
DATE SHOWN IN ITEM 9d ABOVE					
DATE SUOVALINATEM 40° BELOW	(Ob  - 4 -		and mark a draw PP and draw		
DATE SHOWN IN ITEM 10e BELOW extends more than three months beyon					
completed form upon final accomplishme					
10b. REMARKS					
		•			
10c. TYPED NAME OF RESPONSIBLE OFFICIAL	10d. SIGNATURE		10e. DATE		
Dan F. Brinkworth					

DATE: June 26, 1996

#### CLOSEOUT MEMORANDUM

Subject Grant/Contract No.:_	N00014-89-J-1161	****
Grantee/Contractor:	Woods Hole Oceanographic Institution	

- 1. On the basis of the following information, the undersigned concludes that the subject grant may be closed out and total costs invoiced in the amount of \$205,718.21 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. The grant is under \$500,000.00. Woods Hole Oceanographic Institution is a DOD cognizant institution. The basis for certifying costs is the cost analysis as explained in paragraph 4 below. Final voucher No. 8 in the amount of (\$160.79), dated 11 April 1996, along with a copy of a refund check No. 258383 in the amount of \$160.79, dated 15 May 1996, has been processed and is in the file. Excess funds in the amount of \$160.79, remain on this grant. The Office of Naval Research should take action to deobligate this amount.
- 2. The subject grant began on 1 October 1988 and was completed on 31 December 1991. The total estimated cost of the grant was \$205,879.00.
- 3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the grant was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.
- 4. Total costs billed have been reviewed and the following observations and findings resulted:
- a. The ONR accepted A-110 audit covering the period of performance reported that the grantee has a financial system in place that protects the interest of the Federal Government.
  - b. Specific finding, with regard to the individual cost elements, are as follows:
    - (1) Direct Labor- Amounts charged were in agreement with those initially proposed.
    - (2) Overhead Grantee charged the correct ONR negotiated laboratory rate.
    - (3) Fringe Benefits Grantee charged the correct ONR negotiated rates.
    - (4) Materials/Supplies Grantee has charged what was budgeted.
    - (5) Travel Travel was at budget and all domestic.

- (6) Equipment Equipment was charged at budget.
- (7) Other Direct Costs Were reasonable and accepted.
- (8) General & Administration Grantee charged the correct ONR negotiated rate.

In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.

Mary Moore

ads Junior Contract Specialist

Tim Lowe

ads Project Manager

## FINANCIAL STATUS REPORT (Short Form)

	y and Organizational Element to White		of Other Identifying Number Assigned		OMB Approval	Page	of
Report is subm	OF NAVAL RESEARCH	By Federal Ago	N00014-89-J-1161		No 0348-0039	1	l pages
			NUUU 14-89-J-1161				
WOODS HOL GENERAL AC 569 WOODS							
	tification Number	5. Recipient Account Number	r or Identifying Number	6. Final Report		7. Basis	
	04-2105850	1311	161SP	[X] Yes	[] No	[] Cash	[X] Accrual
8. Funding/Grant From: (Month,	Period (See Instructions) Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Repo From: (Month, Day, Year)		To (Month,	Day, Year)	, ,,
	10/01/88	12/31/91	10/01/8			12/31/9	1
10. Transactions	S:		Previously Reported	II This Period	i	III Cumula	tive
a. Total Ou	tlays		0.00	205,718.21		205,718.2	1
b. Recipien	nt share of outlays		0.00	0.00		0.00	0
c. Federal	share of outlays		0.00	205,718.21		205,718.2	1
	liquidated obligations		等。 1.			0.00	)
e. Recipien	t share of unliquidated obligation	ons				0.00	0
f. Federal s	hare of unliquidated obligations	3				0.00	)
	deral share (Sum of lines c and					205,718.2°	1
h. Total Fed	deral funds authorized for this f	unding period				205,879.00	
i. Unobliga	ted balance of Federal funds (L	ine h minus g)				160.79	e
	a. Type of Rate (Place "	X" in appropriate box)					
11. Indirect Expense	[] Prov	isional [] Po	redetermined [] F		[X] Fixed		
	b. Rate See Attached	c. Base \$90.654	d. Total Amount \$59,22		e. Federal S	Share \$59,22	1
12. Remarks:	Attach any explanations deemed	d necessary or information rec	quired by Federal sponsoring agency	in compliance with	governing k	egislation.	
13. Certification:	I certify to the best of my knowled obligations are for the purposes so		is correct and complete and that all ou ts.	tlays and unliquidat	ed		
Typed or Printed		i Rudden it Controller		Telephone (Area	code, numbe (508) 289-23		(۱
Signature of Aut	horized Certifying Official	Ludden		Date Report Subm	o / 9	6	
/		- v v v v			Standard Form	269A (REV 11/90)	

	e. Federal Share	12,019	8,487.00	10,974.00	8,315.00	8,313.00	0.777.00	2,34	1,988.00	\$59,221.00
N00014-89-J-1161	d. Total Amount	12,019.00	8,487.00	10,974.00	8,315.00	8,313.00	6,777.00	2,348.00	1,988.00	\$59,221.00
N0001	c. Base	29,676.08	29,676.08	28,283.94	28,283.94	25,192.39	25,192.39	7,501.51	7,501,51	\$90,653.92
INDIRECT EXPENSE:	b. Rate	40.50%	28.60%	38.80%	29.40%	33.00%	26.90%	31.30%	26.50%	
		FY 1991 Laboratory Overhead	General & Administative	FY 1990 Laboratory Overhead	General & Administative	FY 1989 Laboratory Overhead	General & Administative	FY 1988 Laboratory Overhead	General & Administative	TOTAL

Financial Status Report Job Sumary For the period ended 12/31/92

131161SP (02) PHOTO-OXIDATION-CHLOROPHYL

	Budget	Current Month Costs	Year to Date Costs	Inception to Date Costs
Salaries - Regular	63,823.52		63,823.52	63,823.52
5050 Fringe Benefits Regular	26,830.40		26,830.40	26,830.40
5060 Lab Overhead Regular App	33,654.47		33,654.47	33,654.47
5170 Travel - Demestic	1,100.98		1,100.98	1,100.98
5210 Supplies	22,774.72		22,774.72	22,774.72
5250 Stockroam Supplies	411.01		411.01	411.01
5260 Tools	3.56		3.56	3.56
5310 Other Outside Services	72.20		72.20	72.20
5330 Repairs & Maintenance	4,418.60		4,418.60	4,418.60
5340 Outside EDP Services	40.27		40.27	40.27
5360 Comunications	1,325.86		1,325.86	1,325.86
5370 Shipping & Postage	394.55		394.55	394.55
5389 Miscellaneous In-house Service	6,277.20		6,277.20	6,277.20
5430 Diplicating	283.23		283.23	283.23
5480 Equipment Rental	512.90		512.90	512.90
5560 GRA charges	18,227.22		18,227.22	18,227.22
) G & A Regular App	25,567.52		25,567.52	25,567.52
LAL FOR 131161SP	205, 718.21		205,718.21	205,718.21

		Approved by Office of Management			PAGE OF	
REQUEST FOR ADV	ANCE		and Budget, No.			1 1 PAGES
OR REIMBURSEM			1.	a. "X" one, or b	ooth boxes	2. BASIS OF REQUEST
			TYPE OF	[x] ADVANCE	[ ]REIMBURSE	[ x ] CASH
			PAYMENT	b. "X" the applicable	box	
			REQUESTED [ X ] FINAL [ ] PARTIAL			[ ] ACCRUAL
3. FEDERAL SPONSORING AGENCY AND		4. FEDERAL GRANT OR OTHER			5. PARTIAL PAYMENT REQUEST	
ORGANIZATIONAL E	LEMENT TO		IDENTIFYING NUMBER ASSIGNED			NUMBER OF THIS REQUEST
WHICH THIS REPORT	IS SUBMITT	ΈD	BY FEDERAL A			
	DEPARTMENT OF THE NAVY		N00014-89-J-11			8 FINAL
6. EMPLOYER I.D. 7.	<b>RECIPIENT</b>	S ACCOUNT N	8. PERIOD CO	VERED BY TH	HIS REQUEST	
NUMBER 0	OR IDENTIF	YING NO.	FROM		TO	
0 4-2 1 0 5 8 5 0	131161		10/01/88		12/31/91	
9. RECIPIENT ORGANIZ	ATION			10. PAYEE		
	•					
WOODS HOLE OCEANOR	GRAPHIC IN	STITUTION				
CHALLENGER HOUSE					SAME	
WOODS HOLE, MA 0254	43					
11. COMPUTATIO	ON OF AMOU	JNT OF REIMB	URSEMENTS / A	DVANCES RE	QUESTED	
			(a)	(b)	(c)	
PROGRAMS/FUNCTIONS	S/ACTIVITIE	S		1		TOTAL
			\$	\$	\$	\$
		(As of date)				
a, Total program outlays to	date	()				205,718.21
, , , , , , , , , , , , , , , , , , , ,						
b. Less: Cumulative progra	m income					
o. 2000 . Guinalair o progra						
c. Net program outlays (Lin	e a minus line	; b)				205,718.21
c. rect program outlays (Em	e a minus min	, 0)		1		200;110:21
d. Estimated net cash outlay	s for advance	period				0.00
d. Estillated liet easil outlay	3 101 advance	period		<del>i</del>		0.00
e. Total (Sum of lines c & d	Ν .					205,718.21
e. Total (Sum of fines c & d	.)					203,718.21
f. Non-Federal share of amo	unt on line o					
I. Non-rederal share of amo	ount on line e					
- Fodovol share of amount	1:					205 719 21
g. Federal share of amount of	on line e			ļ		205,718.21
h F-i						205 970 00
h. Federal payments previou	isiy requested			1		205,879.00 CHECK ATTACHED
t P. J. J. J.	. 177					
i. Federal share now request	ted (Line g mi	inus line h)				(160.79)
j. Advances required by mo		1st month				
when requested by Federa	ıl					
grantor agency for use in		2nd month				
making prescheduled adva	ances					
4 4 70000000000000000000000000000000000	001 (511=	3rd month	LATORG GATT	<u> </u>		
ALTERNATE (	COMPUTAT	ION FOR ADVA	ANCES ONLY			
a. Estimated Federal cash or	utlays that wil	l be made during	g period covered b	y the advance		\$
b. Less: Estimated balance	of Federal cas	sh on hand as of	beginning of adva	nce period	A STATE AND A STATE OF THE STAT	\$
			~,			
c. Amount requested (Line a	a minus line b	)	/			\$
		CERTIFICATI				
I certify that to the best of my knowledge		SIGNATURE (	OF AUTHORIZEI	CERTIFYING	GOFFICIAL	DATE REQUEST
and belief the data above are correct and		1/3			./-	SUBMITTED
that all outlays were made in accordance		11/1	WE AL	Men	ceston_	11-Apr-96
with the grant conditions or other	_	TYPED OR PR	INTED NAME A	ND TITLE	//	TELEPHONE (AREA CODE,
agreement and that payment is due and		JANE HARRIN		<del></del>		NUMBER, EXTENSION)
has not been previously requested		ACCOUNTS R				508-548-1400 ext 2462
This space for agency use						
1s space for agency asc						



## WOODS HOLE OCEANOGRAPHIC INSTITUTION WOODS HOLE, MA 0213

ONE Hundred SIXTY Dollars and SEVENTY NINE Cents

Bank of Boston (Maine), N.A. 52-153 Sot\_Portland, ME 112

Check Date

Check No.

05/15/96

258383

**Check Amount** 

160.79

TO THE

Office Of Naval Research

ORDER :

PAY:

495 Summer St Rm103

OF

ONR Draper

Boston, MA 02210-2109

**VOID AFTER 90 DAYS** 

"25B3B3" 1:0112015391: 80 018 971

INVOICE/REFERENCE	ī	WHOI REFERENCE	GROSS AMOUNT	DISCOUNT	NET AMOUNT
Number/Comment	Date	NO.	4110 0711	0.000011	7.000141
N00014-89-J-1161	05/13/96		160.79	0.00	160.79
·					
					y <b>®</b> ri dika tap
					يعب سدر
				**	-
·					
·		•			
TOTALS	]	160.79			

CHECK NO.	PAYEE
258383	00007289

CONTRAC	CT COMPLETION STA	TEMEN		
1. FROM:(Contract Administration Office)		24. PH NUMBER		
Office of Naval Research		N00014-91-J-4125		
Regional Office		2b. LAST MODIFICATION NUMBER		
495 Summer Street, Room 103		A00001		
Boston, MA 02210-2109		2c. CALL/ORDER NUMBER		
		ZC. GALDONDER NOMBER		
2. TO: (Name and Address of Purchasing Office and Office symbol	of the PCO If known)	4. CONTRACTOR IDENTITY	CODE AND ADDRESS	
2. 10. (Name and Address of Purchasing Office and Office symbol	or the PCO, it known)	_		
December of Marcel December		Woods Hole Ocean	•	
Department of Naval Research	569 Woods Hole R Woods Hole, MA 0			
Office of the Chief of Naval Research		VVOODS HOIE, IVIA UZ	2543-1056	
800 North Quincy Street		_ 5	- T	
Arlington, VA 22217-5660		5. EXCESS FUNDS (\$ 2,550.07		
6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b AND 6c.	66. VOUCHER NUMBER 8		sc. DATE 04/10/96	
7a. IF FINAL APPROVED INVOICE FORWARDED TO D.O. OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b. AND 7c.	7b. INVOICE NUMBER		7c. DATE FORWARDED	
8. REMARKS				
\$ 263,128.00	Total amount obliga			
<u>260,577.93</u>	Total amount expen	ded		
\$ 2,550.07	Unexpended			
Final voucher No. 8 in the amount of (\$2,550.07), da	ited 10 April 1996, alo	ng with a copy of a refund	I check No. 258997 in the	
amount \$2,550.07 is in the file. Excess funds in the				
should take action to deobligate this amount.				
9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HA		ATISFACTORILY ACCOMPLIS	HED. THIS INCLUDES	
9b. TYPED NAME OF RESPONSIBLE OFFICIAL	9c. SIGNATURE		9d. DATE	
Robert Tanner ACO	BLATIT		8/2/96	
	Valled IT 1 a	nnol	0 2 1 0	
FOR PU	RCHASING OFFICE USE	ONLY		
10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAV	E BEEN FULLY AND SAT	ISFACTORILY ACCOMPLISH	ED. CONTRACT FILE OF	
THIS OFFICE IS HEREBY CLOSED AS OF:  □ DATE SHOWN IN ITEM 9d ABOVE				
DATE SHOWN IN ITEM 10e BELOW (C				
extends more than three months beyon completed form upon final accomplishme	ent of all purchasing office	e actions to the contract adm	inistration office. (Upon	
receipt, the contract administration office	shall extend its contract	file close-out date according	(y.))	
·				
10b. REMARKS				
	•			
		•		
10c. TYPED NAME OF RESPONSIBLE OFFICIAL Eillen Tarantino	10d. SIGNATURE		10e. DATE	
Emon relation				

DATE: June 26, 1996

### **CLOSEOUT MEMORANDUM**

Subject Grant/Contract No.:	N00014-91-J-4125
Grantee/Contractor:	Woods Hole Oceanographic Institution

- 1. On the basis of the following information, the undersigned concludes that the subject grant may be closed out and total costs invoiced in the amount of \$260,577.93 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. Woods Hole Oceanographic Institution is a DOD cognizant institution. The obligated amount is less than \$500,000.00. The basis for accepting costs is the desk review as explained in paragraph 4 below. Final voucher No. 8 in the amount of (\$2,550.07), dated 10 April 1996, along with a copy of a refund check no.258997 in the amount of \$2,550.07 is in the file. Excess funds in the amount of \$2,550.07, remain on this grant. The Office of Naval Research should take action to deobligate this amount.
- 2. The subject grant began on 15 August 1991 and was completed on 30 September 1994. The total estimated cost of the agreement was \$263,128.00
- 3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the grant was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.
- 4. Total costs billed have been reviewed and the following observations and findings resulted:
- a. The ONR accepted A-110 audit covering the period of performance reported that the grantee has a financial system in place that protects the interest of the Federal Government.
  - b. Specific finding, with regard to the individual cost elements, are as follows:
    - (1) Direct Labor Amounts charged were in agreement with those initially proposed.
    - (2) Overhead Grantee charged the correct ONR negotiated on-campus rate.
    - (3) Materials/Supplies Grantee has charged what was budgeted.
    - (4) Travel Travel was under budget for domestic and foreign.
    - (5) Equipment Equipment was charged, however was below budget.

- (6) Other Direct Costs Were reasonable and accepted.
- (7) General & Administration Grantee charged the correct ONR negotiated rate.

In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.

Mary Moore

ads Junior Contract Analyst

Tim Lowe

ads Closeout Project Manager

# FINANCIAL STATUS REPORT (Short Form)

Report is submitted  By Federal Agency  OFFICE OF NAVAL RESEARCH  N00014-91-J-4125  3. Recipient Organization (Name and complete address, including Zip Code)  WOODS HOLE OCEANOGRAPHIC INSTITUTION GENERAL ACCOUNTING 569 WOODS HOLE ROAD WOODS HOLE, MA 02543-1056	ges
3. Recipient Organization (Name and complete address, including Zip Code)  WOODS HOLE OCEANOGRAPHIC INSTITUTION GENERAL ACCOUNTING 569 WOODS HOLE ROAD	
WOODS HOLE OCEANOGRAPHIC INSTITUTION GENERAL ACCOUNTING 569 WOODS HOLE ROAD	
GENERAL ACCOUNTING 569 WOODS HOLE ROAD	
WOODS HOLE, MA 02543-1056	
4. Employer Identification Number 5. Recipient Account Number or Identifying Number 6. Final Report 7. Basis	
<b>04-2105850</b>	crual
8. Funding/Grant Period (See Instructions)  9 Period Covered by this Report	
From: (Month, Day, Year)  To: (Month, Day, Year)  From: (Month, Day, Year)  To: (Month, Day, Year)	
08/15/91         09/30/94         08/15/91         09/30/94           10. Transactions:         I         II         III	
Previously This Cumulative Reported Period	
a. Total Outlays         0.00         260,577.93         260,577.93	
b. Recipient share of outlays 0.00 0.00 0.00	
c. Federal share of outlays         0.00         260,577.93         260,577.93	
d. Total unliquidated obligations	
d. Total unliquidated obligations 0.00	
e. Recipient share of unliquidated obligations	
f. Federal share of unliquidated obligations 0.00	
g. Total Federal share (Sum of lines c and f) 260,577.93	
h. Total Federal funds authorized for this funding period 263,128.00	
n. Total receipt funds auditorized for this tailding period	
i. Unobligated balance of Federal funds (Line h minus g) 2,550.07	
a. Type of Rate (Place "X" in appropriate box)	
11. Indirect [] Provisional [] Predetermined [] Final [X] Fixed	
Expense b. Rate c. Base d. Total Amount e. Federal Share	
See Attached         \$133.223         \$94,394         \$94,394	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.	
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.	
Typed or Printed Name and Title Telephone (Area code, number and extension)	
R. David Rudden Assistant Controller (508) 289-2363	
Signature of Authorized Certifying Official Date Report Submitted	
5/21/91	

11.	INDIRECT EXPENSE:	N0001	N00014-91-J-4125	
	b. Rate	c. Base	d. Total Amount	e. Federal Share
FY 1993 Laboratory Overhead	37.90%	44,450.24	16,847.00	16,847.00
General & Administative	32.00%	44,450.24	14,224.00	14,224.00
FY 1992 Laboratory Overhead	42.10%	63,909.97	26,906.00	26,906.00
General & Administative	30.10%	63,909.97	19,237.00	19,237.00
FY 1991 Laboratory Overhead	40.50%	24,862.44	10,069.00	10,069.00
General & Administative	28.60%	24,862.44	7,111.00	7,111.00
TOTAL		\$133,222.65	\$94,394.00	\$94,394.00

REQUEST FOR ADVANCE			Approved by Office and Budget, No. 80	-RO183		AGE OF 1   1 PAGES
OR REIMBURSEMEN	T		TYPE OF	a. "X" one, or both b	oxes [X]REIMBURSE	BASIS OF REQUEST X CASH
-		•	PAYMENT	b. "X" the applicab	le box	
a reprove anovember	A CENTAL AND		REQUESTED	[X] FINAL	[ ] PARTIAL	[ ] ACCRUAL
3. FEDERAL SPONSORING			4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED			5. PARTIAL PAYMENT REQUEST
ORGANIZATIONAL ELE			BY FEDERAL AGE		,	NUMBER OF THIS REQUEST
WHICH THIS REPORT IS DEPARTMENT OF THE			N00014-91-J-4125			8 FINAL
	7. RECIPIENTS A	CCOUNT NO	<del></del>	ERED BY THIS R	REQUEST	5 FRAL
NUMBER	OR IDENTIFYII		FROM	ERED DI IIIO K	TO	
04-2105850	134125	10 110.	08/15/91		09/30/94	
9. RECIPIENT ORGANIZAT			00/15/71	10. PAYEE	03/30/34	
WOODS HOLE OCEANOGR	APHIC INSTITUT	ION				
CHALLENGER HOUSE					SAME	
WOODS HOLE, MA 02543						
11. COMPUTATIO	N OF AMOUNT O	F REIMBURSEMI	ENTS / ADVANCES			
DD OCD ANG ELDIOMONO.	CTIVITUE		(a)	(b)	(c)	TOTAL
PROGRAMS/FUNCTIONS/A	CHVITIES		\$	\$	\$	TOTAL \$
·		(As of date)				
a, Total program outlays to da	te	(4.0-4.1-4.1.7)				260,577.93
b. Less: Cumulative program	income					
c. Net program outlays (Line a	minus line b)					260,577.93
d. Estimated net cash outlays t	for advance period			<u> </u>		0.00
						260 577 03
e. Total (Sum of lines c & d)						260,577.93
f. Non-Federal share of amour	nt on line e					
g. Federal share of amount on	line e		<u> </u>			260,577.93
						263 120 00
h. Federal payments previousl	y requested					263,128.00
: Cadami abasa wasa sanasa d	1 (T in a province 1 in a	. to				CHECK ATTACHED
i. Federal share now requested	(Line g minus iine	: n)				(2,550.07)
j. Advances required by month	1,	1st month				
when requested by Federal grantor agency for use in		2nd month				
making prescheduled advance	ces					
ALTERNATE (	OMPUTATION F	3rd month OR ADVANCES C	NLY		1	
a. Estimated Federal cash outl	ays that will be ma	de during period co	vered by the advance			\$
b. Less: Estimated balance of	Federal cash on ha	nd as of beginning	of advance period			\$
c. Amount requested (Line a n	ninus line b)	,—				\$
	miles inic o)	CERTIFICATION				
I certify that to the best of my	knowledge		AUTHORIZED ÇÉR	TIFYING OFFICIAL		DATE REQUEST
and belief the data above are c	orrect and	1/2	de	)	4	SUBMITTED
that all outlays were made in a	eccordance	MIN	LC TTA	MINE	WEDU	10-Apr-96
with the grant conditions or ot		TYPED OR PRIN	TED NAME AND TI	TLE /	//-	TELEPHONE (AREA CODE,
agreement and that payment is		MAURICE J. TA				NUMBER, EXTENSION)
has not been previously reque		(	OGRAMS ADMINIS	TRATOR		508-548-1400 ext 2462
This space for agency use						



### WOODS HOLE OCEANO PI WOODS HOLE, MA 02543

PHIC INSTITUTION Bank of Bost

Bank of Bost Maine), N.A. South Portland, ME

52-153 ---112

Check Date

Check No.

05/29/96

258997

PAY TWO Thousand FIVE Hundred FIFTY Dollars and SEVEN Cents

Check Amount

2.550.07

Authorized Signature

TO THE

Office Of Naval Research

ORDER

495 Summer St Rm103

ORDER

ONR Draper

Boston, MA 02210-2109

**VOID AFTER 90 DAYS** 

# 25B997# #O11201539# BO 01B 971#

invoice/reference		WHOI REFERENCE	GROSS AMOUNT	DISCOUNT	NET AMOUNT
Number/Comment	Date	NO.	/44100141	Discourt	1110011
N00014-91-J-4125	05/28/96		2,550.07	0.00	2,550.07
		:			
TOTALS					
TOTALS	2,	550.07			

CHECK NO.	PAYEE
258997	00007289

CONTRACT COMPLETION STATEMENT							
1. FROM:(Contract Administration Office) Office of Naval Research		24. PH NUMBER N00014-89-J-1520					
Boston Regional Office		26. LAST MODIFICATION NUM	MBER				
495 Summer Street, Rm 103 Boston, MA 02210-2109		P00002					
Dostori, 141/1 02210-2100		2c. CALL/ORDER NUMBER					
2. TO: (Name and Address of Purchasing Office and Office symbol	of the PCO, If known)	4. CONTRACTOR IDENTITY	CODE AND ADDRESS				
Department of Naval Research Office of the Chief of Naval Research		4. CONTRACTOR IDENTITY CODE AND ADDRESS Woods Hole Oceanographic Institution Challenger House Woods Hole, MA 02543					
800 North Quincy Street	·						
Arlington, VA 22217-5660		YES NO					
6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b AND 6c.	66. voucher number 9 fina	ıl	GC. DATE 17 June 1996				
7a. IF FINAL APPROVED INVOICE FORWARDED TO D.O. OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b. AND 7c.	7b. INVOICE NUMBER		7c. DATE FORWARDED				
		t for the unexpended balanc					
dated 07, June 1996, in the amount of \$187.00. Excess funds in the amount of \$187.00 remain on this grant. ONR 822 should take action to delobligate these funds.							
		TISFACTORILY ACCOMPLIS	HED. THIS INCLUDES				
9b. TYPED NAME OF RESPONSIBLE OFFICIAL Robert Tanner	Pohert Tanner						
ACO	Relot H Ta	mes	8/2/96				
EOD DI	RCHASING OFFICE USE	ONLY					
10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAV THIS OFFICE IS HEREBY CLOSED AS OF:  DATE SHOWN IN ITEM 9d ABOVE  DATE SHOWN IN ITEM 10e BELOW (C extends more than three months beyond completed form upon final accomplishme receipt, the contract administration office	E BEEN FULLY AND SAT heck this box only if final d close-out date shown in ent of all purchasing offic	completion of any significantiem 9d. above. In such case e actions to the contract adm	t purchasing office action es, submit a copy of the inistration office. (Upon				
10b. REMARKS							
10c. TYPED NAME OF RESPONSIBLE OFFICIAL Darlene L. Miles	10d. SIGNATURE		10e. DATE				

DATE: July 15, 1996

### **CLOSEOUT MEMORANDUM**

Subject Grant/Contract No.: N00014-89-J-1520		
•		
Grantee/Contractor: Woods Hole Oceanographic Institution	•	

- 1. On the basis of the following information, the undersigned concludes that the subject grant may be closed out and total costs invoiced in the amount of \$383,769.00 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. Woods Hole Oceanographic Institution is a DOD cognizant institution. The grant is under \$500,000.00. The basis for certifying cost is the cost analysis as explained in paragraph 4 below. The grantee did not use all program funds. The grantee refunded the government for the unexpended balance by check No. 259565, dated 07, June 1996, in the amount of \$187.00. The final SF270 No. 9 in the amount of \$187.00 was forwarded for processing on 17 June 1996. Excess funds in the amount of \$187.00 remain on this grant. ONR 822 should take action to delobligate these funds.
- 2. The subject grant began on 1 November 1988 and was completed on 31 December 1990. The total estimated cost of the grant was \$383,956.00.
- 3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Report were accepted by the government. The Final Report of Property accountable under the grant was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.
- 4. Total costs billed have been reviewed and the following observations and findings resulted:
- a. The ONR accepted A-122-A88, OMB audit covering the period of performance reported that the Grantee has a financial system in place that protects the interest of the Federal Government.
- b. Specific finding, with regard to the individual cost elements, are as follows:
  - (1) Direct Labor Amounts charged were in agreement with those initially proposed.
  - (2) Overhead Grantee charged the correct ONR negotiated on-campus rate.
  - (3) Fringe Benefits Grantee charged the correct negotiated rates.
  - (4) Materials/Supplies Grantee charged what was budgeted.
  - (5) Travel Travel was at budget and all domestic.
  - (6) Equipment No equipment was charged.

- (7) Other Direct Costs Were reasonable and accepted.
- (8) General & Administration Grantee charged the correct ONR negotiated rate.

In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.

Mary Moore

ads Junior Contract Specialist

Ken Sherman

ads Senior Contract Specialist

# FINANCIAL STATUS REPORT (Short Form)

Federal Agenc     Report is subm	y and Organizational Element to	Which 2. Federal Gr By Federal	ant of Other Identifying Number Assigned		OMB Approval	Page	of
	OF NAVAL RESEARCH		N00014-89-J-1520		0348-0039	1	l pages
3. Recipient Orga	anization (Name and complete a	Idress, including Zip Code)			1	<u> </u>	1
GENERAL A 569 WOODS WOODS HOL	HOLE ROAD .E, MA 02543-1056						
4. Employer Iden	tification Number	5. Recipient Account Nur	mber or Identifying Number	6. Final Report		7. Basis	
	04-2105850		131520SP	∦ Yes	[] No	[] Cash	[X] Accrual
8. Funding/Grant From: (Month,	Period (See Instructions) Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Rep From: (Month, Day, Year)	ort	To: (Month,	Day, Year)	
10. Transaction	10/01/88 s:	12/31/90	10/01/8	88	<u> </u>	12/31/9	0 REVISED
To. Hansacion	·		Previously Reported	This Perio		Cumula	ative
a. Total Ou	itlays		0.00	383,769.00		383,769.0	0
b. Recipier	nt share of outlays		0.00	0.00		0.0	0
c. Federal	share of outlays		0.00	383,769.00		383,769.0	10
d. Total un	liquidated obligations					0.0	0
e. Recipier	nt share of unliquidated obl	igations				0.0	0
f. Federal s	hare of unliquidated obliga	itions	Secretary of the secret			0.0	0
g. Total Fe	deral share (Sum of lines o	and f)				383,769.0	0
h. Total Fe	deral funds authorized for t	his funding period				383,956.0	0
i. Unobliga	ted balance of Federal fund	ls (Line h minus g)				187.0	0
11. Indirect	a. Type of Rate (P	ace "X" in appropriate box)					
Expense	[1	Provisional [	] Predetermined [] F	Final	[X] Fixed		
Expense	b. Rate See Attached	c. Base \$44,856	d. Total Amount \$28,42	25	e. Federal	Share \$28,42	:5
12. Remarks:			n required by Federal sponsoring agenc		aovernina		
13. Certification:		owledge and belief that this reposes set forth in the award docur	ort is correct and complete and that all o ments.	utlays and unliquida	ted		
Typed or Printed		David Rudden sistant Controller		Telephone (Area	code, numb		n)
Signature of Aut	thorized Certifying Official			Date Report Sub	mitted		
	· David	Ludden	_	6/3	196		
/ -						269A (REV 11/90) DMB Circular A-102	and A-110

Ĺ	Л П
	Z L L
	<u> </u>
	בענו
=	=

N00014-89-J-1520

	b. Rate	c. Base	d. Total Amount	e. Federal Share
FY 1990 Laboratory Overhead	38.80%	18,776.75	7,285.00	7,285.00
General & Administative	29.40%	18,776.75	5,520.00	5,520.00
FY 1989 Laboratory Overhead	33.00%	26,076.38	8,605.00	8,605.00
General & Administative	26.90%	26,076.38	7,015.00	7,015.00
FY 1988 Laboratory Overhead	31.30%	0.00	0.00	0.00
General & Administative	26.50%	0.00	00.00	0.00
TOTAL		\$44,853.13	\$28,425.00	\$28,425.00

•			pproved by Office	of Management	(	GE OF
REQUEST FOR A			and Budget, No. 80-			1 1 PAGES
OR REIMBURS	EMENT		t.	a. "X" one, or both	boxes	2. BASIS OF REQUEST
			TYPE OF	[X]ADVANCE	[X]REIMBURSE	[ X ]CASH
			PAYMENT	b. "X" the applica		I Magness
			REQUESTED	[X]FINAL	[ ] PARTIAL	[ ] ACCRUAL
3. FEDERAL SPONSORING			4. FEDERAL GRANT			5. PARTIAL PAYMENT REQUEST
ORGANIZATIONAL ELE			IDENTIFING NUMBI			NUMBER OF THIS REQUEST
WHICH THIS REPORT IS  DEPARTMENT O			N00014-89-J-1			9 FINAL-REVISED
	7. RECIPIENT'S A			ERED BY THIS R	EOUEST	
NUMBER	OR IDENTIFYING		FROM		то	
04-2105850	13152000		11/01/88		12/31/90	)
9. RECIPIENT ORGANIZAT				10. PAYEE		
WOODS HOLE OCEA	NOGRAPHIC	INSTITUTION	N			
CHALLENGER HOUS	SE				SAME	
WOODS HOLE, MA	02543			]		
		***************************************				
11. COMPUTATION	ON OF AMOUNT	OF REIMBURSE	MENTS / ADVANC		1/3	
			(a)	(b)	(c)	
PROGRAMS/FUNCTION	ONS/ACTIVITI	ES				TOTAL
			\$	\$	\$	\$
		(As of date)				000 700 00
, Total program outlays to da	te					383,769.00
b. Less: Cumulative program	income					
						383,769.00
. Net program outlays (Line a	minus line b)					383,769.00
1 E-4:						0.00
I. Estimated net cash outlays t	or advance period					0.00
e. Total (Sum of lines c & d)						383,769.00
. Total (Sum of files C & d)						
Non-Federal share of amour	ot on line e					
. I von-rederar share or amoun	it on time c	-				
z. Federal share of amount on	line e					383,769.00
. I oddiai sharo of amount on	inico					
n. Federal payments previousl	y requested					383,956.00
. Federal share now requested	(Line g minus line	h)				(187.00)
. Advances required by month	٦,	1st month				
when requested by Federal						
grantor agency for use in		2nd month				4
making prescheduled advance	ces					
A T CENEDERS A C	TE COMMITTEE	3rd month	WANCES ON Y	<u> </u>		+
ALIERNA	LE COMPUTA	TION FUR AL	OVANCES ONLY			
Est state to destant			d but the educate			\$
. Estimated Federal cash outl	ays that will be mad	ie during period co	vered by the advance		1,10,12,	, v
Lass Catimated balance of	Endami anch an ha	nd as of basismins	of advance period	•		\$
b. Less: Estimated balance of	rederai cash on na	nd as of beginning o	of advance period	77		<u> </u>
Amount requested (Line o	ninus lina h)	$\cap$				\$
c. Amount requested (Line a n	amus ane o)	CERTIFICAT	ION			
certify that to the best of my	knowledge		THORISED CERTIFYING	OFFICIAL		DATE REQUEST
and belief the data above are of	_	SIGNATURE OF AU	_ /	- GII IOME	/ .	SUBMITTED
hat all outlays were made in a		HUNI	05116	1110	Mn	17-Jun-96
with the grant conditions or of		TYPED OR PRINTEL	NAME AND TITLE	ung		TELEPHONE (AREA CODE,
agreement and that payment is		JANE HARRI		/		NUMBER, EXTENSION)
as not been previously reque		ACCOUNTS REC				508-548-1400 ext 2385
This space for agency use						And the second s
,						

270-102



Check Date

Check No.

**206/07/96** 

259565

PAY ONE Hundred EIGHTY SEVEN Dollars and ZERO Cents

Check Amount

187.00

TÓ THE

Office Of Naval Research

ORDER

495 Summer St Rm103

ONR Draper

Boston; MA:02210-2109

VOID AFTER 90 DAYS

#259565# GO11201539G 80 018 971"

INVOICE/REFERENCE	2E	WHOI REFERENCE	GROSS AMOUNT	DISCOUNT	NET AMOUNT
Number/Comment	Date	NO.	AMOUNT	DISCOURT	AMOGNI
N00014-89-J-1520	06/06/96		187.00	0.00	187.00
	Ì				
	·				
TOTALS					187.00

CHECK NO.	PAYEE
259565	00007289

CONTRACT COMPLETION STATEMENT					
. FROM:(Contract Administration Office)		2a. PN NUMBER NO0014-91	-J-1457		
Office of Naval Research Regional Office 536 South Clark street Room 208 Chicago, IL. 60605-1588		25. LAST MODIFICATION NUMBER P00002			
		2c. CALL/ORDER NUMBER	,		
2. TO: (Name and Address of Purchasing Office and Office symbol of the PCO, If known)		4. CONTRACTOR IDENTITY CODE AND ADDR	ESS		
Department of the Navy Office of the Chief of Naval Research 800 North Quincy Arlington, VA. 22217-5005		University of Toledo 2801 W. Bancroft St., Toledo, OH 43606			
		5. EXCESS FUNDS XX YES NO \$7,669.37			
6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b AND 6c.	6b. VOUCHER NUMBER	¥-3-	6c. date 11/21/94		
7a. IF FINAL APPROVED INVOICE FORWARDED TO D.O. OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b. AND 7c.	ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN,				
8. REMARKS					
\$ 162,055.00 Total amount Obligated to Grant  154,385.63 Total amount billed  7,669.37 Unexpended  Excess funds in the amount of \$ 7,669.37 remain on this grant. The Department of the Navy should take action to deobligate this amount.					
9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. THIS INCLUDES FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONTRACT.					
9b. TYPED NAME OF RESPONSIBLE OFFICIAL Mr. Gerard Smith  9c. SIGNATURE		RS &	9d. DATE		
FOR PURC	CHASING OFFICE US	SE ONLY			
10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE OFFICE IS HEREBY CLOSED AS OF:  □ DATE SHOWN IN ITEM 9d ABOVE □ DATE SHOWN IN ITEM 10e BELOW (Chextends more than three months beyond completed form upon final accomplishme	neck this box only if final of I close-out date shown in Int of all purchasing office	completion of any significant pitem 9d. above. In such cases actions to the contract admir	ourchasing office action s, submit a copy of the histration office. (Upon		
10b. REMARKS					
10c. TYPED NAME OF RESPONSIBLE OFFICIAL Mr. David VanMetre	10d. SIGNATURE		10e. DATE		

DATE: January 31, 1996

#### **CLOSEOUT MEMORANDUM**

Subject Grant/Contract No.:	N00014-91-J-1457
Grantee/Contractor:	University of Toledo

- 1. On the basis of the following information, the undersigned concludes that the subject grant may be closed out and total costs invoiced in the amount of \$154,385.63 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. The grant is under \$500,000.00. The University of Toledo is a HHS cognizant institution. The basis for certifying costs is the cost analysis as explained in paragraph 4 below. Excess funds in the amount of \$7,669.37 remain on the contract. The Office of Naval Research should take action to deobligate this amount. Final voucher no.11 was forwarded for payment on 26 May 1995.
- 2. The subject agreement began on 1 March 1991 and was completed on 28 February 1993. The total estimated cost of the agreement was \$162,055.00.
- 3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the contract was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.
- 4. Total costs billed have been reviewed and the following observations and findings resulted:
- a. The HHS accepted A-110 audit covering the period of performance reported that the grantee has a financial system in place that protects the interest of the Federal Government.
  - b. Specific finding, with regard to the individual cost elements, are as follows:
    - (1) Direct Labor amounts charges were in agreement with those initally proposed.
    - (2) Overhead The grantee charged the correct HHS predetermined oncampus rate.
    - (3) Fringe Benefits The grantee charged the correct HHS predetermined oncampus rate.
    - (4) Materials & Supplies The grantee expended what was budgeted.

- (5) Travel The grantee expended what was budgeted.
- (6) Equipment Equipment charged was at budget.
- (7) Other Direct costs were reasonable and accepted.

In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.

Eddradullon

ads Senior Contract Specialist

## FINANCIAL STATUS REPORT

	Follow instructions			A	_		
<ol> <li>Federal Agency and Organizational Elemento Which Report is Submitted</li> </ol>				of J			
	1				pages		
Acopen Organization (Name and compete The University of Toledo 2801 West Bancroft St.							
To1odo OH 43606 Employer Identification Number 34-6401483	5. Recipient Account Number or Idensitying Number 8. Finet Recort 218780 □				7 Bays ⊠Casn □ Accrual		
Funding/Grant Period (See Instructions) From: (Month, Day, Year)	To: (Month, Day, Year)	9. Penod Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year) 02/28/94			Yearl		
03/01/91 0.Transactions:	02/28/94	03/01/91 Previously Reported Ti		The Penod		v•	
a. Total outlays		0	161,6	161,635.63		161,635.63	
b. Aefunda, rebates, etc.		. 0		0		0	
c. Program income used in accordance to		0_		0	0		
d. Net outlays (Line a, less the sum of i	ines b and c)	0	161,6	35.63	161,635.63		
sorpient's share of net outlays, consisting. Third party (in-lund) commousons		0		0		0	
Other Federal awards authorized to be used to match this award     Program income used in accordance with the matching or cost		0	_	0	<del> </del>	0 .	
g. Program income used in accordance to sharing alternative.  h. All other recipient outleys not shown of		0		0		0	
Total recipient share of net outleys (Si		0		7,250.00		0.00	
			7,2	.50.00	7,23	0.00	
Federal share of net outlays (line of let     Total uniquiclated obligations		0		85.63	154,38	5.63	
Recipient's share of unliquidated oblig-	asion4					0	
m Federal share of uniquidated obligations			. `	energy		0 .	
n. Total federal share (sum of lines ) and	m)		*		154,38	5.63	
Total federal funds authorized for this funding period		162,055		5.Ö0			
p. Unobligated balance of federal funds (	(Line a minus line n)	7,6		7,66	9.37		
rogram income, consisting of: q. Disbursed program income shown on	lines c and/or g above			. 1		0	
r. Discursed program income using the addition afternative				ar de		0	
s. Undisbursed program income					0		
L. Total program income realized (Sum i						)	
1. Indirect	onel 41 Praceso	d Total Ame	O Final	a Fe	Fueri Derai Share		
2. Remarks. Attech any explanations des	41,518.54/17,0						
governing legislation.	•						
13. Companion   I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and							
unliquidated abligation	ns are for the purposes set for	th in the award doc	deserve.		a, number an		
Brenda McKinley, Grants	Accountant		(419)	(419) 537-4000			
gnature of Authorized Certifying Official	Vi 4 00 /		Date Acc 11/21	oori Submitti 194	<b>e</b> d		
Prious Editions not _sable	andly			Su	repard Form 21	18 -REV 4-881	

vances			
	3rd month		
2.	ALTERNATE	COMPUTATION FOR ADVANCES OF	NLY
s. Estimated Federal cash	outlays that will be made d	uring period covered by the advance	\$
). Less: Estimated balance	e of Federal cash on hand a	s of beginning of advance period	
. Amount requested (Lin	ie a minus line b)		\$
3.		CERTIFICATION	
	SIGNATURI	OF AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED

I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

11/21/94 TELEPHONE (AREA CODE, NUMBER, EXTENSION)

Brenda McKinley, Grants Accountant

(419)537-4000

This space for agency use

CLEAND T. SMITH

2nd month

Administrative Contracting Officer